Preventive Medicine

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A DISCUSSION OF

THERAPEUTIC PRINCIPLES

By William Colley Conner M D

PUBLISHED BY THE [illegible]

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Physical health is
physical religion.

W. C. Conklin

Akron, O.
July 15, 1907.

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INCLUDING

A DISQUISITION ON

THERAPEUTIC PHILOSOPHY

By William Colby Cooper, M. D.

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PREFACE

I HAVE no apologies to offer for this book. I am not ashamed of either its matter or manner. Its purpose is wholly righteous, and I believe the time is ripe for just such a book. Its heterodoxy will be orthodoxy within fifty years. It hits each school of medicine about equally hard, and accords to each sect all the credit and honor due it. I hope it will be received in the kindly spirit in which it was written. It is dedicated to all thinking sanitarians, doctors and educators.

W. C. C.

Cleves, O., Aug. 18, 1905.

PREVENTIVE MEDICINE

PART FIRST

PURELY PREVENTIVE

THE WORD *medicine* will be used in this work purely in the drug sense. As drugs are directly and solely related to disease, the phrase Preventive Medicine, literally construed, would mean medicine to prevent disease. As there is not, and, in the nature of things, never will be a drug preventive of disease, this interpretation of the phrase is excluded. What we understand by the phrase is that system of observances which will best prevent the necessity for the use of drugs. In other words, the phrase has reference to the best mode of preventing sickness, either in the individual, or in the community. Very particularly too, it relates to that enlightenment which precisively distinguishes between the *needful*, and the *needless*, use of drugs.

The subject naturally falls into two great divisions: *first*, Stirpiculture; and *second*, Sanitation, individual and general. In the latter is specially included a knowledge of when to give medicine, and when not to do so.

A stock argument in favor of homoculture depends upon the results realized by breeders of the lower animals. The argument is mainly gratuitous, for all civilized people understand that favoring conditions in any department of human affairs are promotive of our wellbeing. After all, though, the argument is justified by the moral sting it holds; for, if an individual will, for a mercenary reason, improve the physical condition of his stock, what should not the social organism do for the physical betterment of mankind? A natural mitigant of this reproach inheres in the fact that the stock breeder is an autocrat in relation to his stock, while no head of a State or community has such power over the people subject to him. However, the people in their corporate estate can do much more

than they are doing for the physical, and consequently the moral, condition of the race. This phase of the question will be discussed under the second classification.

The prime requisite to good health is good birth. It is the primitive right of every child to be well born; it is the sacred duty of mankind to see to it, as far as may be, that children are well born. It is a fashion for Love to "laugh at lock-smiths" and the biological eligibilities for marriage, and it is held to be impossible to make laws which will wholly control all classes in this matter. The ultimate possibility of such laws will depend upon the education of the public conscience, and it is easily conceivable that this can be done to a sufficient degree within half a century. This educative process will be considered later. Really, before the school boy of today is a grandfather, the enactment of restrictive marriage laws should be practicable. Surely the time is not so far distant when popular sentiment will justify a law requiring a certificate of physical

fitness from each of the contracting parties before their marriage will be permitted. Under this ideal state of affairs, there would exist in every county a board of medical examiners whose duty it would be to examine all matrimonial candidates, male and female. Those found to be possessed of a transmissible taint, such as that of syphilis, scrofula, tuberculosis, etc., would be refused a certificate, while those found to be sound would be granted it. There are uncounted thousands of people who are sufficiently civilized to vote for such an arrangement right now.

There are a few ultra-modern doctors whose ultra-modern theories require the abolition of heredity, in its relation to phthisis pulmonalis. But everybody, including these ultra-moderns, *knows* that heredity is the very bole of being. Without it, there is nothing. Human propogation is only a refined mode of fission, and the baby hydrozoon is not more like its parent than is the baby human like its forebears. Each of us is "an omnibus, loaded full of our ancestors."

We are derived from our immediate, and foreparents, and there is nothing in us which was not transmitted to us from them. Like causes produce like effects, and there is no scientific reason why we are related to this law in an exceptional sense. There is no scientific reason why a diathesis is less transmissible than is the complexion, seeing that although it may be said to be adventitious, it is no less a *part* of the progenitor than is his, or her complexion. The dissipation of a morbid physical habit can depend on nothing less than judicious crossing, and we know that this will ultimately run it out. Note that this possibility is that upon which eugenics depends, and that it all results from the master fact of heredity. The achievements of the stock breeder depend wholly and solely upon the fact of heredity, and who shall deny that these achievements are actual and real? We must all admit then, *nolens volens*, that homoculture is a great organic fact, and that the eradication of vicious physical and moral taints

must depend upon its intelligent application to the social fabric. While the education of public sentiment will do something toward securing more discriminate marriages, it is not one-tenth sufficient, unless concentratedly and mandatorily expressed. In other words, to be effective, it must express itself in statutory law. It may be long before such laws can be enacted and enforced, but until this can be done, the highest social ideal must remain unrealized.

Directly associated with this part of the subject, is criminology. Disease means crime; crime means disease. The restrictive laws suggested would not reach the very lowest classes, for the reason that they would perpetuate their kind without reference to marriage. Thieves, murderers, etc., are none too good to commit fornication. This is not to say that only the worst crimnals are ever guilty of that crime, but this feature of the question belongs more strictly to the domain of morals. The *roue* is despicable, but he is not usually the propagator and spreader

of disease, nor, for that matter, of thievery and murder. Now there is but one way of abating an effect, and that consists in abating its cause. In sociology some very fine ethical discriminations become necessary in reference to the *right* as between the mass and individual. The experiences of the past have settled this much: that the tenure of individual privilege is justly derived from collective consent. It is just, therefore, that the State should have the power of depriving the criminal of the possibility of committing deeds which are inimical to public well-being. The law seeks to prevent evil social effects, as far as may be, by suppressing their causes. Thus, it deprives criminals of their liberty, and in extreme cases, of their lives. The righteousness of this power, and of its assertion, must stand unquestioned. If every natural, and irrepressible criminal could be imprisoned *for life*, in a few generations the diseases and immoralities peculiar to this class, would be almost entirely wiped out. The disease-taint, criminality, would at

least be reduced to a minimum. Of course, reference is had here to only that form of crime which is comprehended in robbery, murder, etc., for it would not be practicable to imprison for life all who are merely dishonest, lecherous, etc., for that would be to reduce our population two-thirds at least—God pity us!

It seems that there are many, and perhaps good, reasons why we cannot imprison the recidivist for life. What shall we do with these incorrigibles? Out of our deepest sense of justice, leaps the ready answer—*castrate them.* Stop them from multiplying, and perpetuating their kind. This is a means, and the only morally permissible means of ridding the earth of these human beasts of prey. If a man has a right to kill another in self-defense, the people, in their corporate capacity, have the right to unsex the human rodent who is undermining the social structure. Crime, and especially in its more atrocious forms, is a disease, and it is a disease whose eradication requires heroic treatment. This is the

only *sure* remedy that is practicable. This means would have the merit of being preventive in a double sense; first, in the true sense that *all cure is preventive*, since to cure a disease is to stop it, i. e., to *prevent* its further progress; and second, in the sense that it would prevent the reproduction of new, and independent, promoters of the disease. This question of emasculation as a remedy against future outlawry, has been timidly discussed through the medical press. The question should be aired boldly, insistently, and persistently through the lay, not less than through the medical press. We owe it to humanity to hammer away at this vital question until public opinion shall force our law-makers to erect it into a statute. In a more purely moral and legal light, this is to be remembered, too: all the other penal laws together have not half the deterrent force which would abide in a castration law. The enactment of such a law would constitute a long stride in practical eugenics, and we know that upon the physical improve-

ment of the race depends health and good morals, more than upon all things else combined. Stirpiculture, therefore, represents the largest factor in Preventive Medicine.

I am aware that there are many to whom emasculation would seem brutal—even barbarous. But think of it—if the operation is often justified by a pathological condition for *one* (perhaps unworthy) individual's sake, is it not justified by social pathology, especially when scores will be benefitted thereby? If there must be sentiment in the case (and there must be), put the *wellbeing* of *society* against the *illbeing* of a *few criminals* and outlaws. In exactly the reverse of a merciless spirit, I say that things happen in vicious circles that make the whipping post a gracious memory. We must be merciful, but is there any ethical reason why we should be more merciful to the undeserving than to the deserving?

Ranking next in importance, referentially to the prevention of disease, is *Sanitation*. For the sake of convenience,

the word sanitation is used here in a subservient sense, though in fact, it is the dominant term, since it includes stirpiculture.

The physician being the natural conservator of physical soundness, all questions pertaining to health, and disease, are necessarily turned over to him. Before the doctor can do much effective work along this line, there must be a *reform* in medical ethics. The objection to public-print exploitation (creditable in its original essence), must be sunk in philanthropy. Doctors must speak directly to the people through the newspapers and the magazines. Discussions of public-health questions in the medical journals, are generally more entertaining than instructive to the competent physician. They do the layman almost no good. The public-spirited layman is the one we want to reach. That form of contempt which is the inevitable outcome of familiarity—compatible as it is with the warmest friendship—will always take much of the force out of the family doc-

tor's *generalizations*. Whether we will, or not, a sense of cheapness goes with our face-to-face publicism, and it falls far short in that impressiveness which works conviction, and stirs to action. "A prophet is not without honor," etc.; also, "Distance lends enchantment, etc." I have squirmed under the assertiveness of this principle in human nature many a time, and so have you, dear doctor. It must always be taken into account in our social reckonings. But really, no argument is required here; we *know* that the secular press is the molder of public opinion, and that popular sentiment is the instigator and backer of our laws.

Would writing articles for the lay press on the subject of private and public sanitation, compromise medical dignity? Certainly not, if the writing be done by a layman. Is the nature of medical dignity such that its intact maintenance depends upon the physician's abstinence from public good deeds, these deeds having a medical relationship? I think not. If the king shake hands with a coal-

heaver, whatever effect it may have upon his *royal* dignity, it will not damage his *true* dignity. It seems that true dignity is less fragile than the ultra-polite have supposed; that, indeed, it is compatible with any form of goodness. It is my opinion that the representative physician of this glowing age is too large a man to be enthralled by the ethical stiffness of the past. His code of ethics is the Golden Rule, and his standard of dignity is not hedged by written formulae.

INFANCY

If a child be well born, at least two-thirds of its battle for life is won. Perhaps one out of one hundred is so born, and whether it is so born or not, is purely a question of accident. In these cases, it simply *happened* that the right man and right woman attracted each other unto marriage. The match was evolved out of a fortuitous concourse of social influences. Under conditions which are doubtlessly possible, at least half the children might be well born. Even the fortuitous com-

binations alluded to would become fewer, for it is the function of system to eliminate chance. The law would prevent the fruition of unfortunate interpersonal attractions. The care of the infant must be left to the instincts of motherhood, supplemented by the oversight of the family physician, as the matter now stands.

It should be popularly taught that the first, and most critical period of life is from the time of birth, up to the age of seven. School misses should absorb this fact from their school readers, and teachers should tamp it into them. If this were done, and if, in connection with this, it were taught *why* it is a critical period, and if, in connection with *this*, it were taught *how* to prevent disease, these misses would become fitted for becoming capable mothers in one important respect at least. Physiology, as taught in our common schools, does not do this; indeed it falls far short of it. The most it teaches is ornamental knowledge, not practical facts. Scholastic physiology, so to call it,

is of little real benefit to the miss in relation to her possible future motherhood. A woman may become a tolerably successful mother without being well up in histogenesis, for instance; but she cannot succeed well if she does not possess a working knowledge of practical hygiene. A small, plainly, and simply written book upon the care of children from birth up to the age of seven or eight, is a desideratum. It should be for the use of girls from the age of twelve to sixteen. Of course, it should contain no reference to the process of birth, nor anything else that could shock the modesty, or spoil the innocence of young girlhood. The most elementary physiology the writer has seen is all right in this respect, but misses it in being too technically proper—too academic. To realize the over-riding importance of the care of young children, we need only to recollect that seventy-five per cent. of all fatalities under the age of five, *are preventable*.

VACCINATION

According to my experience, it is not good to vaccinate a child before it is a year old. A child may be vaccinated earlier if smallpox is prevailing, but vaccinia is frequently a severe disease, and it does not seem wise to subject an infant's small stock of vitality to this draft, if the operation can be postponed. I am a moderate believer in the efficacy of vaccination, but with me, as with everybody else, it is a matter of *belief* only. I do not *know* it is protective. That the question is a debatable one, we are forced to admit, for it is being vigorously debated all over the country. If we would be fair and unpartisan, we must also admit that antivaccinationists are as good and as intelligent as we are; and that their right to differ from us, is the precise measure of our right to differ from them. They are not a set of paranoiacs—they are our peers. Their articles in opposition to vaccination are as learned as ours in favor of it, and their statistics are scarcely less ample than ours. The nature of the

question is such, that it is the sacred right of all parents to vaccinate their children, or not, just as they please. *Whether vaccination is protective, or not, the non-vaccinated can be no menace to the vaccinated.* As the question is one of *belief*, and not one of positive *knowledge*, to enforce vaccination by law, is to violate the spirit and traditions of this republic; indeed, it is to violate the organic law of this nation. The broad-gauge medical man cannot afford to stoop to the sanction of any form of Procrustianism. The recent exploit of Dr. Friedrick, health officer of Cleveland, has the appearance of a knock-out argument against the efficacy of vaccination. A saturnalia of vaccination had been going on in Cleveland. Very many had nearly lost their arms, and at last four died of tetanus as a direct result of vaccination. Still smallpox raged. At last Dr. Friedrick "took the bit in his teeth" and ordered all the vaccinating stopped. With the co-operation of the Mayor, he instituted a house-to-house disinfection. The disinfectant

used was formaldehyde. In the beginning of his report, he says: "It affords me great pleasure to state that the house-to-house disinfection freed Cleveland of smallpox," etc., etc. He closes his report thus: "Cleveland is now free from smallpox, and from the worst infected of all cities, it has become the cleanest." The breed of smallpox germs they had at Cleveland, laughed at vaccination, but promptly died under formaldehyde.

I know from personal experience how rooted is the usual physician's faith in vaccination. I know too how rudely the foregoing remarks will jar the sensibilities of many a brother, but my trust in the strong common sense, the spirit of fairness, and the increasing tolerance of the up-to-date physician, seemed to furnish enough of justification for my remarks. It is my firm conviction that *proper* vaccination gives at least partial immunity from smallpox. I am far from sure that the renunciation of the old-fashioned method, and the commercialization of the virus business, has been a good thing.

THE KINDERGARTEN

The kindergarten *idea* is all right. The utilization of the play spirit for the sake of education, is both physiologically and psychologically justified. Extreme youth is nine-tenths the vegetative period of life. With the lower animals, without reference to their age-limits, days correspond to months or several months for the human being in relation to development. The mighty significance of this gulf, was brought out for the first time by that distinguished scholar and philosopher, John Fiske. It constitutes almost the only humanizing factor in the scheme of evolution. This is not the place for expansion upon that subject, but its study is respectfully recommended to the profession.

This vegetative process, above alluded to, *must not be interfered with*. No effort should be made to teach a child much of anything intellectual before it is five or six years old; it gets enough of mental exercise in learning the rudiments of a language. It may be put into the kinder-

garten at almost any time after it is two years old, but while there, its whole time should be occupied in *playing*. It not only must not know that while it is playing, it is working, but in fact no part of its play must be work. The work feature must be *purely* incidental. The play instinct is wholly conservatory and has reference, four-fifths to bodily development, and one-fifth to social growth. This social growth includes specially that riant quality which is essentially the basis of optimism, without which there could be no social structure.

Now the tendency of all specialisms is toward auxesis, particularly incident to which is a swelling specific ambition, and a straight-laced mode of thought. Understand, this is the tendency, and a statement of the fact is not to return an indictment against specialism, for, happily, an overwhelming majority of our specialists are constitutionally too large to be spoiled by any influence. It is scarcely an exaggeration to say that specialism is the hope of the world. The objections that have

been brought against the kindergarten by physicians and other humanitarians, is that it seems next to impossible to prevent the abuse of its underlying idea. This results from the auxetic aura special to specialism, as above referred to. In many kindergarten overseers (teachers?) the preceptorial impulse gradually works itself into assertiveness, and little tasks are imposed upon the tots. The spirit of emulation is awakened and ambitions started and fostered, all of which are subversive of the original purpose of the kindergarten, for it means mental fatigue and nervous irritation. In such cases, the child is being irreparably wronged, for it is being made supersusceptible to abnormal invasions at least. The babies must *only* play, and if they can absorb some useful knowledge from this play without subtracting any zest from it, all the better. When all kindergarten teachers shall square their efforts to this fact, then the institution will become an unmixed blessing. This is the rule that

must govern the overseer in regard to her little charges:

> **Play, they must; learn, they may;**
> **Learn or not, they still must play.**

SCHOOL LIFE

This should be the happiest, and most health-giving period of life. It is such to the child who has a bookish bent, and who is phenomenally brilliant. Such a child, besides the school-mate benefits common to them all, derives positive pleasure from the prosecution of its studies. The school life of such a child is a succession of intellectual triumphs, unmarred by the humiliations of failures, the pain of reproofs, and all the other bitternesses and degradations that are heaped upon the dull pupil.

With reference to school life, the differences in disposition, temperament, and very particularly mental endowment in children, furnish the elements of about the most difficult problem socially known. Our schools are run on a basis which presupposes a perfect equality as to nature,

perspicacity, and aptitude, among all children. This, of course, is cruelly, even atrociously wrong. Dr. I. N. Love, in his fine essay on "Children's Rights," says: "No one would think of placing fifty or a hundred children, either of small or larger growth, at a table with a uniform bill of fare, commanding them all to eat the same amount of food, good, bad, and indifferent, without looking for numerous cases of indigestion and even fatalities to follow, but in the schools this thing is done every day. The child's capacity for digesting this subject or that branch of knowledge, is not considered."

Each child is an insular output of evolution, bounded by his capacities. He cannot transcend himself; he should not be forced below himself. It is right that he should revolve in his own orbit, since he cannot be fitted to any other one. This fact furnishes the basis of the *ideal* school-method, which would be to have about as many grades as there are pupils. To the extent that we vary from this, we wrong the child physically, morally and

mentally. In what glowing epoch of the throbbing future shall this ideal be realized? Not until stirpiculture shall have been long a universal fact, and the social fabric, as a consequence, shall have been refined into that estate that will include the possibility of every adjustment which makes for human perfection.

We cannot now realize this ideal, but we can do the next best thing—we can live, and work *toward* it. We can prune away evident abuses, and institute positive reforms. Before any great improvement can be made, there is a fundamental proposition to be established. It depends upon a correct answer to the question: What *is* true education? Is it represented in the classical scholar? Is book-learning its dominant feature? On the other hand, should instruction have main reference to the hard materialities of life? Should the severe practicalities of living be mostly taught? Would it be better to strike a mean between these? Of course, true education consists in that quality of knowledge which will enable

its possessor to do the most good, both for himself and for others. But that is a generalization. Whatever shall be the meaning of this basic proposition, it must result from a confluence of the best wisdom of professional educators and representative physicians. It is exactly as indisputable as it is unfortunate, that the present status of our schools and colleges is not a product of the united wisdoms referred to. Our college presidents and public school superintendents have not made partners of the doctors, in the establishment of their curricula and their school policies. There is not a thoughful and experienced physician in the land who does not vigorously condemn many of the disease-breeding and life-sapping features of our present *strenuous* educational system. This point is respectfully submitted.

I am not going to tell our educators how to do it, but feel that it will do no harm to loose upon them a few playful vagaries in regard to school work. Theoretically, there are ways and ways of

at least mitigating school evils. It is past question that our schools are too crowded. No teacher can do justice to more than twenty-five or thirty pupils—this goes without the saying. There are at least three humane ways of overcoming this evil. One would consist in the practilization of the Malthusian doctrine, but that cannot be until eugenics shall have become a permanent fixture in our civilization. That remedy is necessarily excluded for the present. A second remedy would depend upon the multiplication of our school houses, and school teachers. For monetary reasons—which are base ones in this connection—this plan will have to be marked, "infeasible." Remembering that our children are the ripening red corpuscles of the nation's future blood; remembering that upon the health and integrity of these corpuscles will depend the perpetuation of our civil institutions; remembering that the happiness and moral destiny of all the people of all the world hang upon the growth and stability of civilized centers, what sacrifice

should we not make for the children? See what an opportunity for doing immeasurable and immortal good, our multimillionaires are letting slip by them! It is well enough to endow colleges and create libraries, but every gill of philanthropy applied to the *roots* of education will do more good than gallons of it poured upon its blossoms. Oh, that a bolt of enlightenment might strike them, and blessedly inspire them to help our children, and so, help the world! What is the cheap, base glory of multimillionairism, as compared with the resplendence of a world-circling benefaction —of a fact that would burn all their glowing names into all the waiting aeons of the palpitant future? They could combine and contribute a billion of dollars for the betterment of our schools, and still remain *dangerously* and miserably wealthy. It would fit the noble impulses of such a man as Mr. Carnegie to inaugurate such a movement as has been here suggested.

There is a third method of doing away with the crowding evil, which as I see it,

is practicable. This would consist in a relay, or shift system. The crowded grades could be split into halves, and each half could attend school on alternate days, or half days. The objection that such an arrangement would reduce the child's educational opportunity one-half, is not even logically, much more, humanely tenable. If there are sixty in the D grade, the teacher can give each one only half the specific and personal attention which would be possible if there were only thirty in the grade. The significance of this is easily seen when it is remembered how much depends upon this person-to-person intercourse. The nervous strain, both upon the teacher and the pupil, but particularly upon the former, would be reduced one-half. This would greatly benefit both, for the child would be more comfortable and less distracted from his studies, while the teacher's comfort and *efficiency* would be exactly doubled. A prime fact in the case is that *all* of them would be healthier. The alternate holiday, or half-holiday, would increase the child's opportun-

ity for that *natural* physical culture which his little nervous, and muscular, systems so perpetually cry out for. It is my firm conviction that under such a system, any shortage in the child's grade at the end of the year, would be doubly compensated by his improved physical vigor.

All observing physicians agree that the curricula of our schools are also too crowded. There are too many studies. We see it in the squeezed-out and etiolated condition of our "sweet girl graduates." The purpose seems to be to force a quart of learning into a pint of brain. Again, our educators accord no differences to the critical period of a girl's life. I feel like saying that it should be a penitentiary offense to send a girl to school during her developemental crisis. Millions of fair lives have been wrecked or destroyed by the conjunction of the two wrongs above cited. Too crowded, too pushed, too crammed—this is the deadly trinity that is blighting promiseful young lives. *Three* destroying too's, when it is a cardinal

sanitary, and moral, fact that not one *too* should be related to the young.

AIR HOLES

The importance of parks is coming to be pretty well understood. Their esthetic value alone is a good pleader for them. The larger cities are pretty sure to have their parks, and to make them beautiful and attractive. This is well, but how about the parklets? There should be breathing places in the congested parts of all large cities. This fact applies particularly to the tenement districts. Modern tenementism, owing to the heartlessness of human greed, is an urban cancer. Thus far, no municipality has been able to secure a knife big enough, or caustic strong enough to eradicate them. As things are, the best thing to be done is to mitigate their bad effects as much as possible. The establishment of little parks throughout these sections would do that. They need not be over two hundred feet square. They should have grass, trees, a fountain, seats, etc. In some

part of each one there should be a sand pile for the children. Here, of an evening, the tired, smothered denizens of the district could get a sniff of partially fresh air, and here their children could have the dear privilege of romping, and *being* children. Here they could get some relief from the crowd-poison which breeds not only disease, but vice. The large parks are inaccessible to the people except on Sundays, and they rarely go then. These are patronized more by the better-to-do people. These smaller air holes—these ventilators are perfectly possible, and their urgent need is unquestionable. It would cost money, but it would save money in the end. In very self-protection, if from no nobler reason, every large city should establish these parklets in their crowded, and especially in their tenement districts. Here again, is a want that turns appealingly to the philanthropic Croesus.

MEDICAL LEGISLATION

Any legistation which is actually promotive of health, is to the last degree desirable. Any legislation which derives its color from orthodox method in therapeutics, is to be reprehended, for there is no orthodox therapeutics. Only such medical legislation as pertains to hygiene is legitimate. Included in this, is the enactment of laws that refer to private and public sanitation, quarantine, etc. The legal establishment of health boards is right, for the sanitary interest must have a head. Because the members of health boards are human, they are more or less susceptible to that place-pride which conduces to abuse of power. It is notable that our health boards do not always successfully restrict themselves with reference to common-sense intent. The tendency is for them to exceed the purpose of their being. They frequently assume an authority which is not essential to their positions. It is the habit of these boards to exaggerate the contagion of disease.

It may be cautiously admitted that consumption is remotely contagious. So far as I know, it remains to be proved that anyone ever directly "caught" tuberculosis from another, but according to most health boards it is an exceedingly contagious disease, and the victims of it should be segregrated into a special hospital. Diphtheria and typhoid fever, and tonsilitis, and croup, are only possibly contagious, yet they are quarantined against with the severest rigor. To me these acts seem to be the outcome of martinetish extremism, which can do little but harm. It is a form of intemperance, and no kind of intemperance ever does good. The very doctors who, by these acts, preach the intense contagion of almost all diseases, *know*— if they have had any practical experience—that disease is not one-tenth as contagious as the laity usually believe it to be. It is safe to say that not one doctor in a thousand ever contracts a contagious disease. What is there to protect the doctor any more than the layman, except his fearlessness, and

what does this depend on except his knowledge of the fact that the contagiousness of disease is enormously overbelieved in? What will protect the doctor will protect the layman, but these health conservators (?) are robbing the latter of the little psychological protection they may have had. Such teachings feed and foster a nervous solicitude that *is* contagious—highly so—and this condition beckons with both hands to every disease that may be prowling around. This mental contagion is absorbed by the children, and to that extent their danger from the infectious, and even the other diseases of childhood, is greatly increased. We should never forget that psychology has just *half* to do with both the contraction of, and the emergence from, any morbid condition. Many a health-board enthusiast is controlled more by the dicta of the doddering doctrinaire, than by the consensus of conclusions flowing from the busy, practical mass of practitioners. They have fallen into the representativeship of closet-student theories which they

have construed to be philosophy, and with the best of intentions, they practically exploit these theories. Bacteriology-gone-mad is responsible for this contagio-phobia, so to name it. The germ theory malady is now (1903) in its acute stage. Not till convalescence is entered upon, may we hope for voluntary temperance along this line on the part of those who are vested with medical authority. Really, no man should be on a health-board who has not been in active practice for twenty years.

The picturesque antics of health-board doctors, as seen in quarantining one State against another, would be laughable if they weren't so astringently unlaughable. This shameful possibility is the direct product of the exaggeration of contagiousness in relation to disease. Actually, the medical crank who holds that no disease is contagious, would be a safer man on a health board than is the crank who represents the other extreme of belief. These extreme and outrageous doings of health boards work tremendous

hardships upon business men, and, through their psychologic effects, greatly increase the particular disease which the board thinks it is fighting. Health boards are all right as long as they keep within the limits of straight, every-day sanity, but when they *lose their taws*, and go clambering up the ultimate vistas of medical vacuity, they are considerably less than no good. The remedy will consist in always electing deep and wide men, who have spent half a life-time in practical service.

GERM THEORY

It is too early to say that the germ theory has put the science of medicine upon a new footing. It is not absolutely certain that it is not too early to say that it is *putting* it upon a new basis. The *science* of bacteriology is *scientific*, and it is wholly consistent and beautiful, but its relationship to Medicine is very far from established. This new, and very fascinating science has a way of postulating the necessary infallibility of certain therapeu-

tic procedures, the events of which are, about always, disappointing. Koch, in his tests with reference to phthisis, mistook a sciolistic *ought* for a scientific *is*, and these nice nuances, in relation with the false and the true, have been misleading others ever since. The bacterial enthusiast derives his zeal from the misread *shoulds* of the science, not from doubtless results. Thus disease is, *bacteriologically*, twenty times as contagious as it is in fact, but the enthusiast accepts the bacteriological *should*, and rejects the actual *is*. If he is a member of a health board, he projects his error upon the people, and whether he is on the board or not, he ceaselessly clamors for laws which will conserve and perpetuate his error. Physicians of this class are, naively enough, enemies of both public health and public peace.

For a long, long time, the profession has been laboring to circumvent empiricism—to actualize a point of departure which is opposingly related to the empirical method. Does this, or does it not

amount to postulating a thither end of therapeutic art, and attempting to work from that to its hither end? After all, there is nothing even putatively certain in serum therapy, which is not the outcome of experiment, i. e., empiricism. But the tireless endeavors of our original investigators along this germ line are, to the last degree, commendable. These men are seeking therapeutic definiteness; they are trying to replace therapeutic chaos with therapeutic science. In their confidences, born of the fatuous incidences of a new science, they will make mistakes, but every mistake is worth its weight in inerrancy. If not directly, then indirectly, much may yet come out of bacteriology in its relation to medicine.

MEDICINE'S RANK

Medicine is not yet honored according to its deserts. It can hardly be doubted that so important, so grand, and so commanding an institution as Medicine—modern Medicine—will soon be represented in the President's cabinet. A trend

of opinion favorable to this consummation, is setting in with increasing insistency in the higher circles of thought. It may be stated as an axiom that what will benefit the medical profession will benefit the people. With a supreme representative at the head of the nation, it would not take long to eradicate State lines in their relation to diplomas; to perfect a rational general sanitary policy, including quarantine regulations; to get practical results out of general statistics, and to do many other things which, in the end, would be of vast benefit to the people. The agitation of this question should be kept up until the end is attained, and Medicine, in the dignity of its mightiness, shall step into its proper rank.

PART SECOND

CLINICAL MEDICINE

NOT with the purpose of making this work unique, but for the sake of all that preventive medicine can mean, I now wish to present a subject which, in many of its aspects, may be said to be new. In the nature of things, progress is impossible without assertions of that audacity, or daring, which we call iconoclasm. We all hate iconoclasm, and shrink from the iconoclast, but [it is one of the paradoxes of evolution], however we may shun iconoclasm in the beginning, we embrace it in the end. Exhausted iconoclasm is accomplished progress. Fully conscious of my danger, I take the risk of immediate condemnation in the discussion and championship of what I believe to be the truth. All that follows will depend, for its legitimacy, upon the eternal correctness and justification of the principle of *casual treatment*. Perhaps nothing else in the Healing Art, as it exists at present, has

so direct a bearing upon Preventive Medicine.

At the outset, it will be profitable to make a general survey of that aggregation of facts, real and possible, which constitutes Medicine. What are the boundaries of the Art Curative? A large question indeed, but not so difficult of answer. Man, being a cosmic epitome, the limitation of his hedonic and opposing relationships are coincident with those of the physical and the metaphysical, i. e., they are in parity with the infinite. As related to the Healing Art, the various elements of this unbounded domain fall into five great divisions—the psychologic, the hygienic, the chemic, the mechanic, and the drug-therapeutic. Physiological optimism forms the back-ground of the whole.

The ratio of psychology's importance is exactly one-half. We are half matter and half mind. As in all other cases, action and reaction between mind and matter are equal. The mission and destiny of mind can be no higher (at least in a scientific sense) than are those of

the body, for they are co-equal in all their functions and phenomena.

The relation of hygiene to the whole may be fairly estimated at one-fourth. The other fourth is divided between chemics, mechanics, and drug-therapeutics. The drug relation is about one-half of one-fourth, i. e., one-eighth.

At first glance, this scheme will seem to magnify psychology and minify drug-therapeutics. It can be easily shown that this is not the case. To merely remember that mental shock will as surely extinguish life as will physical shock, is sufficient with reference to psychology. From this supreme test, down through every gradation of material and mental relations, this *equality* of actions and reactions is conspicuously evident. How Christian Scientists, and other high-perched dreamers get over this, is a puzzle to me, Perhaps they just *fall* over it.

As to the one-eighth. It must be realized that this does not mean that only one-eighth of all diseases require drugs.

Perhaps three-fourths of all diseases are susceptible to drug help, while it is certain that no disease was ever cured by drugs alone. There are cases in which the cure will depend seven-tenths upon drugs. The same is true of psychology, hygiene, chemistry and mechanics. To one who is suffering from an over-loaded stomach, we give an emetic, and he is relieved. This cure is seven or eight-tenths mechanical. Psychology, hygiene, chemistry or drugs (in the truly therapeutic sense) could have done him but little good. So it is all through the category of grand divisions.

From these considerations, it is easily seen that drug-giving pervades a large area of Medical Art. One-eighth seems like a small fraction in this medical connection, but it represents an experimental and observational scope whose limits are lost in the infinite. Will one-millionth of all the potentialities and possibilities of this marvelous one-eighth ever be reduced to actual and active utilities? I could wish the fraction were one-thousandth, instead of one-eighth.

DRUG THERAPY

Most of the rest of this work will be devoted specifically to drug therapy. It is my purpose to be frank and outspoken, throwing myself in relation to the fairness and common sense of my brethren for justification.

About all the errors and abuses in practical therapeutics result from an ignorance of, or disregard for, certain fundamental principles. These principles will be stated in the form of formulae or axioms, which will be briefly discussed. The first proposition is as follows:

The right drug, given in the right quantity, at the right time to the right case, will make for cure.

This is submitted as an axiom. Its truth is disputed by a considerable class of intelligent people, but it is notable that almost none of them has had practical experience with drugs. Let them ponder this ultimate fact, or rather, these final facts: The animal organism is, in itself, self-sufficient; no disease arises in it *de novo*; it is affected by environal re-

lationships alone, among which is included heredity. It is, in *itself*, perfect in balanc-ive endowment and in self-perpetuity, and it can be adversely affected only by things external to itself. That the drug—a natural enemy to the system—is as legitimate an element of our environment as the surgeon's knife is, will be shown later. Any cures effected by mentalists, are necessarily results of environmental manipulation. This they cannot manfully and honorably deny. Later too, will be presented a statement of truth which depends upon a hint of Nature's in justification of the use of drugs, that holds all the force of a Cosmic Rescript, and which the religionist would interpret to be a divine ordinance. It is certain, anyway, that the profession will accept the proposition as sound, and that is the main thing. The next proposition is the following:

What will make a well man sick, will make a sick man sicker.

The consistency of verbal meanings alone, enforces the truth of this. But

back of this, additionally, is the vast stress of all analogy. Remembering that sickness does not alter the *quality*, or *method*, of vital responsiveness, how can any one fail to see the verity of the axiom? Nearly all doctors jump to the conclusion that the proposition rules out the use of drugs, and that is why they oppose it. It will not require many words to show that this is very emphatically *not* so. No one denies that the surgeon's knife is a remedial agency. Now is it any more an enemy to tissue integrity, and nerve stability, in the sound man than in the sick man? You know it is not. You know that while it is saving the patient's life, it is increasing his vital exhaustion. Quinine is a remedial agent. Won't it cinchonize the patient, derange his nerves, etc., as certainly as it will do these things in the well man? This will not be disputed. Is not the drug poisoning *added* to the patient's existing disability? We know it is. Is not the total of the patient's illness *increased* to this extent? We know it is. Is it not

a fact that to increase one's sickness, is to make one sicker? We know this to be true.

The superficial thinker may object that the drug sickness *replaces* that of the disease, with the conclusion that therefore the amount of sickness has not been increased. To be practical: Thousands of persons who took only enough of quinine to effect a cure, have been left partially deaf all the rest of their lives. It not only added to the total of sickness *within a given time*, but entailed a life-long ailment. Even if it were true that a drug effects the cure *before* it is swallowed, it *adds* its deleterious effects to the sum of the distress the patient has already endured. This is it: *A price is attached to the obtainance of every desirable thing*. Nature would have to stultify herself to make an exception in the case of cure by drugs. The old therapeutic proverb is true: "Drugs are double-edged tools." They are more than that; they are anarchists and desperadoes. After all, the cure is only incidental (accidental?) to

the general or local riot the drug raises. This feature of the question will be discussed later. If the proposition, What will make a well man sick, will make a sick man sicker, is not true, then it is not true that "Like causes produce like effects." The axiom stands.

Does this great fundamental fact conflict with the idea of drug therapy? Most emphatically, *no*, it does not. On the contrary, the axiom embodies *the only fact in existence which justifies the use of drugs*. Having accepted the axiom (and we have seen that its rejection is impossible), we are made to *realize* that drugs, when ingested, *are the enemies of the system*, just as are all other foreign substances when swallowed. [Note that this forces us to drop the drug-food idea.] If we did not know from the naked force of common sense, we would know by the mountains of evidence there is, that drugs are enemies of the animal organism. Additionally, we have learned from the aggregated experience of the profession, that each drug is a specific enemy of a specific *part*

of the system. Each drug possesses a *hostile affinity* for a specific tissue, or organ, or part. There is no better established fact in therapeutics than this. Drugs being enemies, not friends, of the system, do not cure by supplying lacks, chemical or histogenic, nor by any form of integrative cosseting. They cure by shock, general or local, or by both. To me, the shock philosophy of cure seems impregnable, for besides being buttressed by all there is of medical logic, it is confirmed by all the experiences and observations of all the people that ever lived. What layman, and particularly what physician, cannot recall non-medical shock cures? I can recollect a score of such cures. Two or three may be mentioned. A lady who was a sufferer from chronic rheumatism was thrown from a horse into a frozen pond. The shock was great, but it permanently cured her rheumatism. A lady patient of mine was having a siege of hysteria. She was in the habit of having such attacks three or four times a year. In this instance,

while she was at her worst, her home was burned. It cured her almost instantly, and her besetting ailment did not recur again for more than a year. Scores of other illustrations could be given, but they are not needed; everybody has witnessed such cures. Putting hygiene out of account, it is a fact that no one of us has ever witnessed a cure that did not depend upon shock. In the brutal past of Medicine, if it is true that millions (with weak vitality) were killed by drug-shock; it is also true that thousands, who possessed enough of rebound, have been cured by horse doses of even the *wrong drug*. Thus, it is seen that Nature's providence had made it impossible for even the cruelest of drug methods to wholly circumvent her.

If the shock thoery is true, it would seem that *obstruction* is the primary intra-systemic cause of disease. This obstruction would be located in some nerve center, thus preventing the innervation of the part to which it is specially related.

This would at least furnish the

"ground plan" of a form of illness. This inceptive below-parness would be an invitation to germs, and these would give this mere subnormality specificity. We know that without this pre-existent depression, the microbes will be fought off. If it is true that any of the laboratory antitoxins *will* neutralize the poison incident to bacteria in the blood and tissues, then serum therapy gives us a double-barrelled method of cure—we get in it, both a shock effect and a chemical effect. We do know that, after all, Nature does the curing, and we know, or should know, that our attempts at assistance must, *in the end*, be in parallelism with her method. To rid the system of microbic toxins, she directs her efforts against the *cause* of these toxins. It would be such a happy thing if it could be demonstrated that the serum method does—either absolutely or relatively—multiply the phagocytes. An antitoxin serum does this relatively, if it destroys the pathogenic, and only the pathogenic microbes.

The shock theory seems to be invulner-

able. Its truth is exemplified even in spontaneous cures, so called, for every recovery is the result of a battle between the *vis medicatrix naturae* and the foreign invader, and battle means shock. *Disease is always whipped out, never coaxed out.*

If there is a rat in a house, an earthquake may shake the house up sufficiently to drive the rodent out, but it would be hard on the house. If we can locate the rat, and send a cat in after him, we will get him without damaging the house. This principle is coming to be recognized, and deferred to by all up-to-date physicians, of whatever school. We are getting used to the therapeutic slogan, "Small doses, frequently repeated." A series of small taps aggregates a heavy jolt, but anyhow, not much of a jolt is needed, since the indirect, and merely incidental shock of a part, as a consequence of a great and general shock, is comparatively small.

The popular feeling about it is that quality, as much as quantity, enters into the question of drug-shock. The fact is,

though, that the essence of shock is not variable. The erroneous method of thought about it depends upon a confusion of the elective idea with the quality idea. Drugs have an inimical affinity for different parts. The discriminative physician takes advantage of this fact, and sends his cat after the rat by a *direct* route. This is a pervasive fact, and is without absolutely special relation to any particular sect. The ultimate philosophy of cure by direct medication, as I see it, is this: The drug, electing a particular part upon which to express itself, raises a disturbance there. In the tumult, the morbid tangle is shaken out, and previously deflected vital energy falls into normal line.

The quantity of medicine required in a given case will depend upon the area of the primal lesion. Thus, syphilis, scrofula, etc., require much medicine. You must throw into a patient, suffering with periodic malaria, thirty to forty grains of quinine within forty-eight hours. On the other hand, only a few drops of aconite and belladonna will cure a tonsilitis, and

the same is true of phytolacca in threatened mammary abscess. In chronic disease, and disease of large area, larger doses, less frequently repeated, are preferable to "small, and frequently repeated doses." That, at least, has been my experience.

The third proposition is:

Food is food, and medicine is medicine.

While this enunciation instantly and irresistibly commends itself to our common sense, its truth is *practically* denied by about every physician. The feeling is that food merges into drugs, and *vice versa*. That this notion is erroneous, and very calamitously so, can be quickly, and easily shown.

That there is a *difference* between food and medicine, is made sufficiently evident by the fact that neither the word food, nor drugs, can be dispensed with—neither word is redundant. That alone establishes the axiomship of the proposition, but there are many more irrefutable arguments along this line which will come out later. A putative argument against the

soundness of the proposition, depends upon the fact that food contains, in combination, drug elements; and drugs, in like manner, contain food elements. This is like contending for the identity of a stone culvert and a stone house, because they both contain stone. Those who project this argument, do not stop to think of the difference there is between a culvert and a house. With equal reason they might contend for the identity of all things because all things are reducible to the four primary gases. We live in the proximate, not the ultimate, and the difference between the things to which we are related, depends upon their functions, so far as our weal or woe goes. The function of food is to nourish and sustain the body; the function of drugs is directly the opposite of this.

The most cherished reason why doctors deny the proposition's axiomship, is because it is in conflict with the tissue-feeding notion. Like many another fallacy, this idea of *directly* feeding the tissues, has seaped down the ages, and through

the repetitions of heredity, has become a part of the very constitutions of medical men. Very few of even our most thoughtful men, have been able to cast aside all prejudice, and impartially investigate the subject. This taint of the ages has made almost all doctors impervious to even the hardest and keenest of opposing logic. While this conservative fixity has its place in the economy of things, it is still true that heresy—*honest* heresy—is, as it always has been, the hope of the world.

This axiom directly opposes the tissue-feeding theory. It is the function of food to *feed;* medicines never feed. If something called a medicine feeds, then it is not a drug, it is a food. Medicines cure, not by supplying a lack in the system, for there can be no *drug* lack in the organism, but by general, or local perturbation. Medicine cures dynamically, and this results from its heterogeneity with reference to the animal organism. Foods are homogeneous to the system. *Food is food, and drugs are drugs.*

For untold millions of years, Nature

has been adapting, first vegetable, and then animal, life to their environment. Out of the fundamental consistency and necessity of things, this process of adaptation was also a process of establishing *assimilative limitation.* Man is a microcosm in *natural*, not artificial, relations and possibilities. The chemist's lime, for instance, is not Nature's lime, and therefore it is not assimilable. Nature gives us no isolated chemicals; they are always in combination. It is to these natual *combinations* that the metabolic and more purely differentiating functions are fitted. Common salt does not exist, as such, in food, and that which we use as a condiment is not truly assimilated. It is a sort of food annex, and probably helps to prevent degenerative fermentation, etc. By very fiat, then, impressed in this great evolutionary fact, *nothing but natural food combinations is assimilable.*

In connection with the profound phase of physiology just discussed, we catch a hint of mighty significance. This hint

inheres in the fact that everything the gastric juice will dissolve, gets into the circulation. This does not depend upon a lapse in conservative vigilance, for Nature is never guilty of lapses. This major fact, together with the fact that drugs are disturbers of functionl equilibrium, *is all that make drug medication possible.* The gulf between the absorbing and the assimilating limitation, *holds all the potency and promise of drug possibility.* In reference to the justification of drug therapy, it is scarcely less than a Cosmic Edict. The religionist might well call the use of drugs divinely mandatory.

So far, only general and comprehensive reasons have been given to show why the tissue-feeding idea is fallacious. There is no end to irrefutable specific arguments against it, but only a few can be presented here.

The leading tissue-food, so called, is iron. This drug has been the crux of the ages. This is a historical fact. It has been such on account of its non-assimilability. This too is a historical fact. It

has been the vaulting ambition of doctors and chemists, to chemically duplicate Nature's iron. This, also, is a historical fact. The question suggested in this connection is this: If they should succeed in reproducing Nature's iron, *what would they do with it?* If two glasses of water are poured from the same pitcher, what sane reason is there for preferring the least applicable one to the other? These questions are respectfully submitted.

If one tissue can be directly fed, why can not they all be so fed? This aspect of the subject was earnestly contemplated by an ingenious, though superficial, thinker, with the result that he erected a new, and exclusive, medical system, based solely upon the tissue-feeding idea. Why not? If there is *a* law of drug cure, it is necessarily *the* law of drug cure. There cannot be two laws of drug cure, any more that there can be two laws of gravitation. It did not stretch even his perspicacity to cocoon this fact. Nature does not provide *differing* laws in *alternate*

relationships. Schuessler very correctly concluded that if the salts of *iron* are assimilable, the salts of all other minerals are the same. At this trembling juncture, a triumphant "eureka!" must have burst from his soul, for he had logically created the *true* system of medicine—he had solved the puzzle of the ages! He knew, both by reason and instinct, that if *one* item of his system were true, no other system *could* be true. It was a glorious moment for this ambitious man.

This "biochemic" system is referred to here, in order to make it plain to you, that he who practices *any* of the system, without adopting it in toto, is grossly inconsistent, and is morally guilty of malpractice. This will be clear to any one, it seems to me, who is fair in his deductions.

There is nothing else within the scope of preventive medicine so insistently called for, as the prevention of wrong medication. *None but causal medication is right.* From center to circumference, the tissue-feeding idea is opposed to causal

treatment. Under the tissue-feeding fallacy, the symptom is infallibly construed to be the disease. You see this especially in the treatment for the symptom, anæmia. Perhaps there never was a case of idiopathic anemia, but even if there were such a disease, the attempt to supply an intra-systemic lack with a *drug*, touches the extreme of absurdity. Yet, about all doctors direct their treatment squarely against the disease *effect*, anemia. Instead of going for the head of the disease, they nip at its tail. The tremendous force and tenacity of orthodox conservatism is conspicuously illustrated in all the works on practice now in existence. Each author, after naming a few, or all of the fifteen or twenty diseases underlying anemia, and after stating explicitly that it is merely a symptom, will gravely sum up the treatment in a single word—*iron*. Think of it: iron for dyspepsia, amenorrhoea, irregular menstruation, diarrhoea, purulent discharges, typhoid and other fevers, splenitis, Bright's disease, excessive lactation, leu-

corrhœa, phthisis, calenture, love-sickness, unhygienic conditions, etc., etc., etc.

Out of half a dozen people who have been eating at the same table for months, or years, one of them will fall into a condition of anæmia. It is likely to be the fifteen or sixteen-year old girl of the group. This, despite the fact that her food contains twice as much iron as she, or any of the rest of them, can assimilate. There is one happy feature in the situation, and that is this: she cannot possibly make a mistake in her selection of a doctor. Whatever the doctor's school, or educational attainments, he will know exactly what to do in this case—that's dead easy. If he reason any at all in the matter, he will have to assume *first*, that the *symptom* is the *disease*; second, that the girl's food does not contain enough iron; third, that chemical iron is more assimilable than food-iron; fourth, that the basis of disease is a salt-lack; fifth, that this lack must be *directly* supplied. If he reasons further, he may wonder *why* and *when*, the cells will ever again be-

come reconciled to natural food-iron. But he will let all that pass, and he will give her iron, for is not that classical? Whether consciously or not, all doctors who give iron for anemia, reason this way: "I perceive that in this case the system will not take up iron; therefore, I shall give her—iron."

If the theory under which iron is given is correct, what is the use of disturbing the stomach and bowels? Why not examine a drop of the patient's blood, and after having discovered just what and how much of it is lacking, inject it into the circulation? Would not that directly dissipate the lack, and could not the case be thus cured in a few minutes? In this case the pure, isolated salt would be put just where you want it. If iron is the thing needed in anemia, what is the use of associating with it such positive drugs as strychnia, arsenic, hydro-chloric acid, etc., etc.? Note, that the effectiveness of any iron preparation runs evenly with the efficacy of its associates, and that whether the preparation does more, or

less good, always depends upon the degree in which these associates are indicated. In this connection, I wish to acknowledge that many of the iron preparations on the market are good medicines, but I insist with all the confidence derived from reason, experience, and observation, that they are good in *spite* of the iron ingredient. I have made hundreds of tests along this line, and always with the result of confirming the logical reasons and conclusions presented in this little work. It does seem to me that all the foregoing arguments, taken in connection with the fact that all ingested chemical iron is recoverable from the feces and urine, and the fact that cures are never sought from the use of straight, naked iron salts—it does seem that these should be conclusive.

Although I do not believe that iron possesses any other medicinal property than astringency, I am not dogmatic on that point. It may be cautiously admitted that there are possible conditions in which the oxydizing property of iron is theoretically helpful. It is certain that

all the misnamed tissue salts are good medicines, but never remedies at all in a tissue-feeding sense. Phosphorus has quite a range of application, but it won't cure brain-fag, neurasthenia, etc. Lime may be more than an antacid, but it won't cure rickets, delayed dentition, etc. And so, with reference to "tissue foods" all through.

If the usual doctor would do more thinking for himself, and less copying, how much better it would be. As all reasonable people will agree to this, I feel acquitted of the excessive self-appreciation that would otherwise be exhibited in the enunciation.

An instance of drug-dependence, and servility to authority, is markedly seen in the prevailing method of treating summer complaint. Within a few years its therapy has advanced from one phase of symptom treatment—treatment by antacids; to another—treatment by antiseptics. The treatment in both cases, is directed without a qualm or a quaver, against the *effects* of the disease. Neither

primary acidity, nor primary sepsis, is ever the cause of the disease; either, or both, may result from it. The predisposing cause of the disease is the depressing effect of a prolonged high atmospheric temperature, alone, or this in connection with unsanitary conditions. The immediate cause is *indigestion*. Particularly in the case of infants, almost no medicine is needed in the correction of this condition. In most cases, it will be enough to rid the stomach and bowels of undigested and fermenting material, with a dose of castor oil. All that is then left to do, is to *regulate the child's diet*. The nursing child of a healthy, unworried mother, seldom has any serious stomach or bowel trouble. It is the bottle-fed ones that suffer and die. The way to cure the child's indigestion *is to feed it nothing which it cannot digest*. In many instances it is necessary, in the beginning, to make the food one part milk, to seven or eight parts water. The guide or gauge in the case is *dilution*. Dilute its milk till curds and flocculi disappear

from the discharges. In extreme cases, I have employed a weak solution of gum Arabic in the start. The mother is instructed to be governed by the character of the stools, diluting, or not, according to the appearance or non-appearance of curds in the passages. She is to increase the strength of the food as the stomach will bear it. The prepared baby foods have been found useful in some cases. The mother soon becomes an expert in this matter. The rapid improvement that always takes place, stimulates and encourages her to the utmost care and precision in the dilution of her baby's food. For a moral reason, if for no other, a little harmless medicine may be given. In most cases the indicated remedy will be nux and ipecac, or aconite and ipecac; more frequently the former. Let the doses be so small that they will hold mere suggestions of the drugs. You can hardly get them too small. I have employed this method in summer complaint for the last ten years, and it has convinced me that ninety-five per cent

of all cases of this disease—take them as they come—can be saved. You see, it is *causal* treatment, and is therefore the *right* treatment.

ANTIPYRETICS

Another instance of purely symptomatic treatment is furnished in the use of antipyretics. If there is such a thing as idiopathic fever, I do not know what it is. Fever is always a symptom. A child has a boil. It is *accompanied* by fever. Is the fever the primary lesion *accompanied* by a boil? A has inflammation of the lungs, with fever. Has the inflammation been produced by the fever? Later in the case, has heart fatigue produced engorgement of the lungs, or is the latter responsible for the former, and is it philosophic to whip up the tired heart? Inflammation of Peyer's patches is attended by a fever. Is this inflammation sequential to the fever? Is fever, in any variety of any morbid condition, *the disease*, and are all *itises*, etc., its symptoms? If this is not true, can any one give the smallest fraction of the

smallest sort of a reason why antipyretics should ever be used? Does any one know of an antipyretic (except tepid sponging—not cold bathing) which is not a cardiac depressant? After a little reflection—shot through with a remembrance of the coal tar products—is it not clear why death from "heart failure" has become the "shuffling" vogue? Does not fever rise from local disturbances, as smoke rises from a fire? Would you throw water on the *smoke* in order to extinguish the fire? I would no more think of using an antipyretic than I would think of curing acid dyspepsia with the bicarbonate of soda. Tear away from these monstrous abuses, friends, and adopt causal treatment, if you die for it.

ANODYNES

In this relation, a bottom question is suggested: Can pain do more harm than its *cause* can do? If not, the use of an analgesic is never *therapeutically* justified, though in a class of cases it may be sentimentally justified. It must be conceded that the simultaneous existence of pain

and its cause, costs more, *for the time*, than does the cause alone, but does the pain cost as much as the cause, uncurative drug action, and delayed recovery, combined? In its ultimate ethical sense, does it ever pay to borrow? And is it not true that anodynes force the system to "borrow from the future?" Again, is it certain that the extent to which an anodyne relieves pain, is the exact measure of reparative retardation? It would be so, if psychologic favor did not result from the patient's increased comfort and hopefulness under an anodyne. Whatever abstract view may be taken of it, it is a practical fact that thoughtful, and conservative physicians always deplore the necessity for obtunding sensation. When they employ an analgesic, they are aware that they are not practicing *therapeutics*, and their feeling is that they have, possibly, chosen the lesser of two evils. A very important adverse factor in the case, depends upon the possibility of drug addiction. In reference to the use of anodynes, it is safe for the physi-

cian to be controlled less by his heart than his brain.

STIMULANTS

There is certainly less excuse for the use of stimulants than there is for the use of anodynes. Whether a stimulant has *ever* done any good, is an entirely legitimate question. That stimulants have done unmeasured harm, we all know. They are never justified in a tonic sense, for they are not tonics. It is not susceptible of proof that stimulation ever did "tide" a disease process "over a crisis." A stimulant will call into immediate expression a portion of the patient's reserve vitality. Whether this simultaneous addition and subtraction is not equal to a "stand-off," is a question. I feel that—considering the doubtful utility of stimulants, and the certain danger of them—the physician who fights the shyest of them is making no great mistake.

QUACKERY

First, what is a quack? It used to be the fashion to denounce all doctors as

quacks who were without the ranks of the regular school of medicine. That has passed. The broadening and softening influence of our later civilization has made larger men of us. In those days of intolerance, the rust of autocratic ages, with their dogmatic austerity and smug magisterialism, was still on the profession. Forty years ago, when I entered the practice of medicine, the feeling against irregulars was very bitter, and it did not add any to one's good standing to palliate their protestantism, even just a little. In those days, the regular doctor was a physician and an American, but anyhow, a physician. Now, the representative physician of the regular school, is an American and a physician, but anyhow, an American. He is saturated with the spirit of freedom and fair play, and he does not condemn a man as a quack simply for differing from him doctrinally. He knows that there is no difference between his school and the others, in anything excepting therapeutics, and he understands well why this difference can

exist. He realizes that therapeutics is too shaky a frabric to brace against in a fight. He feels that as long as there is no visible clinical difference in his favor when statistics are compared, he is not justified in branding his differing neighbor a charlatan. He does not even call Ostopaths, Christian Scientists, Mental Healers, etc., quacks; he calls them one-ideaists—inchoate would-be's. Of course that is just what they are, and there is no sin in it—just shortage.

The quack is such, generally, more from moral obliquity than from medical incompetency. Most of them have hanging on the walls of their offices diplomas from reputable medical colleges. The clinical record of many of them may be as good as that of the average legitimate physician. Their great sin consists in trading on the innocence and credulity of the afflicted. Their self-eulogy is disgusting enough, but the conjunction of this with fascinating but utterly irredeemable promises, is grossly criminal—it is to obtain money under false representations.

Their complete failure to justify, in the event, the expectations raised in their victims by their blatant stultiloquence, adds to the *fleeced* contingent, and fleeced people are not morally wholesome. Perhaps the worst form of quackery is that represented by those unspeakable frauds who play the "pious racket," thus commercializing human gullibility in its connection with the most sacred instinct of our nature. Think of the continent of "gall" that is required to pose as a saint or prophet, and to profess to have what a ward bummer would call *a pull on God.* This touches the limit of religio-medical rot. Until human nature is reconstructed, the quacks, like other varieties of criminals, will always be with us. We simply cannot help it, and must do the best we can with reference to this great evil.

This quack subject has been discussed, because quackery is both a physical, and a moral depressant. If medical legitimacy is *right*, it is right because it conserves the physical weal of the people.

To oppose medical legitimacy then, is to oppose something that is right in its relation to mankind. Quackery opposes legitimate medicine with both its horns and all its hoofs.

PATENT MEDICINES

There is an unfairness pertaining to the patent medicine trade which seems to have never struck men in that business. It depends upon the fact that a patent medicine does not carry with it the power to make its purchaser a first class diagnostician and therapeutist. It may not be conceding too much to say that the usual patent medicine will fit one case in a thousand. The nine hundred and ninety-nine in whose cases the medicine was not indicated, have been made a dollar poorer in money, to say nothing of the physical damage they have sustained. If you buy six watermelons at twenty-five cents each before you get one that is fit to eat, the good melon has cost you one dollar and a half. On the same principle, the one available bottle of medicine has cost one thousand dollars in money, making

no mention of damage to health. Nine hundred and ninety-nine people have been entrapped into contributing a dollar toward the purchase of a bottle of medicine for—perhaps a shanty-boat aristocrat. This does not seem fair, and besides, one thousand dollars for one bottle of medicine which cost the manufacturer seven cents, really seems exorbitant. The patent medicine man evidently has never studied the question in this light, for otherwise he would not be in the business. The matter, as here presented, is respectfully submitted to him.

In ego*ism* and ego*tism*, and flamboyant self-advertisement, and general fradulency and detestability, the patent medicine man is neck and neck with the practicing quack. Like the quack, he is in the business solely for the money there is in it. Like the quack, he is a beast of prey, and so is antithetically related to all that is noble, and beautiful, and redeeming in human nature. There is some nice, elusive, ethical reason why the maker and vender of patent medi-

cines is better tolerated by the profession than is the actively manifest quack. Perhaps it is because his personality is measurably lost in his panacea; so that *he* is less odiously evident.

There is only one conceivable way of exterminating the patent medicine man, and that would be for the state to pay the newspaper man more for not advertising his wares, than he can afford to pay for their advertisement. Of course this is not feasible. If the government would refuse to patent or copyright his medicine, that might help just a little, but only just a little, for he would continue to advertise and sell it as a secret preparation. A law against the sale of secret remedies would not help much, for the fakir would publish a false formula, and by the force of eloquent advertisement, sell to the laity as the proprietary medicine man sells to the profession. There is no help for it—like the social evil, patent medicine will be with us till the profession can educate the people away from it.

PROPRIETARY MEDICINE

This is not an unmixed blessing. Anything which diminishes the efficiency of the physician is bad for the people. The greatest fault of the proprietary medicine is its extreme convenience. In too many cases, convenience will take precedence of, and override prudence. There is a streak of indolence, and make-shiftiness in all of us which inclines us to sacrifice the future to the present—the mediate to the immediate. The tendency of the proprietary-medicine fascination is to create mere formula doctors. Such doctors link together certain formulae and certain nosological terms, and they practice deferentially to these twinships. They are wholly innocent of etiological travail, pathological discrimination, and the study of individual drug action. They do not have to think—they are machines. Each of these doctors is an unpaid agent for the manufacturers of the "hand-me-downs" he may use, and—the manufacturers don't "kick." It may be objected that this is true of every doctor, in rela-

tion to every drug, but the fact is, the doctor chooses his simples with reference to their *quality*, and not because they are interlabeled with disease, and are *so* convenient. It is not denied that many proprietary remedies are excellent medicines, and to be forever commended, but what I insist on is that they are not, and should not be made, "the whole push." There are a number of proprietary preparations without which I could hardly practice medicine. An important factor, in relation with proprietary remedies, depends upon their pharmacal elegance. This endows them with a tidiness, and esthetic incidence, which no up-to-date physician can afford to despise. The purpose of this section is, not to decry proprietary medicines, *as such*, but to warn the doctor against a descent into machinism.

RESUME

1.—*The right drug, given in the right quantity, at the right time, in the right case, makes for cure.*

This proposition stands unquestioned by all drug-using doctors.

2. *What will make a well man sick, will make a sick man sicker.*

The truth of this is unquestionable, both for analogical reasons of its own, and because it stands in the place of that doubtless axiom: "Like causes produce like effects." So far from contradicting the use of drugs, it embodies in itself the only truth which justifies their use. It forces upon us a realization of the truth, that drugs, in common with all foreign substances, are, when ingested, *enemies* of the system, and it further enforces the fact that drugs cure by virtue of their hostility to the organism, i. e., by shock. Sequentially to this axiom, follows the axiom:

Food is food, and medicine is medicine.

Although this stands unshakeable, by the naked force of common sense, note

particularly that it is *necessitated* by the rigorous truth of axiom No. 2. These three axioms constitute the all-involving, and ultimate trinity upon which rests therapeutic possibility, therapeutic justification, and therapeutic achievement.

For years I have squared my practice to the bottom truths held in these axioms. To say that the satisfaction of working upon a plane of certainties, has been inestimable; that I have used not more than one-third as much medicine as formerly, and that my clinical success has been tripled, is—according to my personal feelings—to say things which are supererogatory, and purely gratuitous.

Finally, I would submit that hypermedication, including wrong medication, are directly antithetical to preventive medicine, and that in a deference to the foregoing axioms, abides the only rational remedy for this abuse. I would further submit that the other extreme, drug nihilism, is the direct product of drug abuse, and that the only rational remedy for this is a strict submission to the truths embodied in these axioms.

If a haphazard system of therapeutics is not all bad, it is very far from being all good. It seems to me the time is ripe for such a general reconstruction of therapeutic methods as will eliminate most of the grosser medical errors and abuses. It is perhaps a vain hope that this little book will have a noticeable effect on general medical thought, but if it, haply, improve the clinical method of just a few, that much of good will have been accomplished at least. I have no apologies to make for the position I have taken, nor for the manner in which I have presented it.

That too much medicine is given, all will admit. Please note the truth of this statement despite the fact that, although no one individual doctor pushes drugs too hard and recklessly, very many other individual doctors do. Every time a dose of medicine is directed against a mere symptom, one dose too much has been given. I will not insult your intelligence by *insisting* on this. It has been the purpose of the most important

part of this book, to show why a purely symptom treatment prevails to such an enormous extent, and to outline—as it seems to me—the only philosophy that can remedy the abuse.

PART THIRD

PRACTICAL APPLICATION

IN this division will be given illustrative applications of the principles taught. There will be some repetitions of preceding statements and examples, but they will refer to teachings and injunctions which cannot be too often and insistently repeated. I shall report a few cases, giving my reasons as I go along for each phase of the treatment. Mainly, such cases will be selected as best exemplify the dominant elements of my therapeutic philosophy.

CASE FIRST

Sporadic Dysentery.—Perhaps in no other disease is the justification of drugs more manifest than it is in this one. Whereas, under dietetic regulation and hygienic strictness without medicine, an average case of dysentery will run on indefinitely, or at least many days, under proper drug treatment it will be cured in a few hours. Here mechanics, chemics,

hygiene and pyschology—including the most tensive mental conservation, and the most *influential* prayer—will sadly fail. The most conscientious application of all other means without drugs, will fail; or at most, will very slowly succeed in only a portion of the cases. The facts connected with the management of this disease alone, everlastingly establish the verity and validity of axiom one.

J. B. had a typical case of sporadic dysentery. It had been on hand several days, notwithstanding the fact that he had set his *prima viæ* on fire with hot stuffs, and corrugated it with astringents! I promised him a cure in 6 or 8 hours, provided he strictly obeyed directions. What a stimulating fact it is, that in a limited number of diseases we can promise a *positive* cure within a more or less definite period!

That was 35 years ago, and I cured him within the specified time with the old *modified* White Liquid Physic. Right here (for the benefit of drug nihilists) I feel justified in giving my own personal

dysentery experience. I had just returned to my home in Harrison, Ohio, from a Hygienic Institute with which I had been associated for a year. I was saturated with Hygiene, and especially with Hydropathy. To me the teachings of this institute held all there was of remedial gospel—I was a thorough one-ideaist. I had been at home but a few days when I became a victim of dysentery. I had it bad—had it with a diabolic whirl to it, so to speak. Well, I *hygiened* it with a zeal known only to one-ideaists, but it dysenteried right along with no sign of abatement. I had been treating myself thus for two weeks, and had reached the conviction that my case was incurable. Why not? If the only *true* method had failed, what ground for hope was left? Simply none.

One day Dr. M. L. Thomas—of sacred and blessed memory—passed my home. I was sitting on the front doorstep. My wan and etiolated appearance attracted his attention. Coming up to me in his hale, cheery way, he said:

"Why Billey, what's the matter with you?"

I explained that I had an incurable case of dysentery. With an effrontery born of non-drug fanaticism, I explained to him how and why I knew my case to be hopeless.

"Well," said he, "as you are doomed anyhow, you wouldn't object to my experimenting on you a little, would you, especially as it will demonstrate to the world the inutility of drugs?"

Being willing to die for the triumph of Hygiene, I consented.

Then he said; "Of course my treatment won't cure you, but I like you, and I want the satisfaction of having tried to save you at least."

He brought me a bottle of White Liquid Physic (modified), and instructed me to take a tablespoonful of it in half a glass of sweetened water every hour till it converted my "flux" into a diarrhoea, then to rapidly taper off in its use.

I followed the directions, and the fifth dose brought the diarrhoeal change, after

which I took only a teaspoonful at a dose for 3 or 4 hours. By this time I was very weak and gladly ate some boiled thickened milk—the diet he had perscribed. That treatment is heroic, but very effective for those who can stand it, and, after all, it is not so hard to stand. Within 6 or 8 hours after Dr. Thomas handed me that bottle of medicine, my dysentery was cured, and my unreasonable prejudice against drugs was cured. Here is the modified formula of the White Liquid Physic:

℞

Sulphate Soda - -	℥viii
Water - - -	℥xxiv
Nitro-muriatic Acid -	℥i

Mix, and if necessary, strain after it is completely dissolved. *Complete* solution often requires several days. It makes a perfectly clear and nearly colorless solution. In the original formula there is some alum, and there is twice the quantity of acid. This was Dr. Thomas' formula. I am proud to state that later he became my preceptor. I had two pre-

ceptors, Professor Scudder (of reverent memory) being my last one.

I have not used this remedy in my practice for years. It is not gentle and refined enough for these days. My present mode of treating it (which is, if possible, more effective) is the following:

To a glass ⅔ full of water, I add 5 or 6 drops of specific aconite, and 10 or 12 drops of specific ipecac. These tinctures are of the strength of a good, honest fluid extract. They are manufactured by Lloyd Brothers. There may be others equally good. At any rate, secure a reliable make. Of this glass mixture, I direct the patient to take a teaspoonful every hour, except the third hour, when he is to substitute a powder, each one of which contains 6 or 8 grains of sulphate of magnesia tuturated with 10 or 12 grains of bismuth subnitrate. These are adult doses, to be varied in quantity according to age. This treatment will cure ninety-nine and nine-tenths per cent. of all your sporadic dysentery cases. It is not quite so rapid in its effects as the

White Liquid Physic, but is much more pleasant. It is specially adapted to delicate women and to children.

I use the same powder in epidemic dysentery, alternating with it echinacea, baptisia, etc. In epidemic dysentery, and even in bad cases of the sporadic variety, I have the colon flushed with a solution of the aqueous extract of hammamelis, Lloyd's hydrastis and a suggestion of sulphate of zinc. Any other mild, healing and antiseptic solution might do as well. The treatment of dysentery enforces the truth of axiom one.

The truth of axiom one is made equally plain by the use of phytolacca and aconite in threatened mammary abscess. This combination is absolutely specific to this condition. In a practice covering a period of 40 years, I have not had a single case of mammary abscess, though I have certainly had 100 cases of mammitis. Used locally and internally in threatened mammary abscess, I believe it to be infallible. To a glass ½ full of water, add 6 or 8 drops of specific phyto-

lacca and 4 or 5 drops of specific aconite. A teaspoonful of this is to be taken every hour, while a solution of five times the strength is to be applied locally. Exactly the same treatment is indicated in all glandular inflammations, specially including orchitis.

CASE SECOND

Rachitis. Child 6 months old. Cause—and it is the cause in about all cases, for the disease is not hereditary—unhygienic conditions. Lack of cleanliness, lack of pure air, and lack of digestible, wholesome, and nutritious food—these constituted the cause. These *lacks* imply positive *presences*, and such alone can cause disease. The only way in which we can remove an effect is to remove the cause. It luckily happened that I could have the child removed into clean, healthful quarters, and put under the care of a tidy and sensible woman. In fact she adopted it, it being motherless. The child made a good recovery in the course of time. Precaution was taken against the bowing

of its legs. All osseous distortions were absorbed, and the child grew up into a healthy and bright young lady.

Did I give this child lime in any form? Very emphatically I did not. Did I ever give it in rickets? Yes, when I was too young in the practice to know any better. Unless *lime-lack*, and not *malnutrition*, is the disease, can any sane doctor tell me why lime should be given in these cases? Even if lime-lack were the disease, can any one give a reason why the ingestion of lime would do more than temporarily *alleviate* the *symptoms?* And yet, tons and tons of lime have been poured down the innocent throats of rachitic children. Why has this been done? It has *always* been done responsively to the tissue-feeding impulse—that sciolistic taint which has filtered through the ages and which is yet in universal evidence. See the force of this inherited fallacy. It is capable of overriding reason, strangling common sense, and discrediting the results of observation. Necessarily there has *never* been a single instance in which

it helped a rickety child in the smallest degree. If its function is anything but chemical—dependant upon its antacid quality—what is it? What is true of lime is inescapably true of all other so-called "tissue foods."

About all authorities agree that whatever else we may give a rickety child, we must give it cod-liver oil. I used to give much cod-liver oil in my practice, but I must confess that I never got anything but harm out of *straight* cod-liver oil. It is only a gross order of indigestible and disgusting food, that is all. Its chemical elements, if isolated, are drugs, but so are those of wheat, or any other food. As naturally combined, they are *not* drugs. As emulsified, and associated with drugs, I believe it to be more or less remedial in some conditions. But this is not because cod-liver oil is medicinal, for it certainly is not.

The drug treatment for rickets, to be rational, must be directed mainly to the stomach. This is the citadel of life, and unless it functions rightly, no disease de-

pendent — directly or indirectly — upon faulty metabolism, can be cured. Nearly always, correct hygienic relations, with careful attention to the diet, will overcome the indigestion. At most, according to my experience, the patient will require nothing more than a little nux vomica, with, perhaps, some bismuth subnitrate. Unless rickets has progressed far enough to have seriously affected the ribs, a more or less hopeful prognosis may be rendered.

In all diathetic and wasting diseases (the "iron and cod-liver oil" diseases) hygiene, with, perhaps, a dash of the "bitter tonics," is our only hope. This is true, according to my experience and observation, and those have been very considerable. I have discussed rachitis because its successful management illustrates the fallacy of the tissue-feeding notion. *A food is a food, and a drug is a drug.*

CASE THIRD

Anemia. Although my reference to anemia in the body of this work ought to

be philosophically sufficient, I feel that I would better report a case. The report will bring out in detail examples of the application of my aphorisms, or more properly, axioms.

In the body of this work, I gave a partial list of the causes of anemia. I do not believe there is an idiopathic anemia. If there is, it has never been actually differentiated and set out in relief. The commonest form of anemia has been denominated idiopathic, with the qualification that the *primary lesion* is something back of it! But if there is an idiopathic anemia, does the *essence* of it consist in an element lack? If it does, can this lack be mechanically, or chemically, or mechanico-chemically dissipated? Is it conceivable that a *lack* can be *primary*, and *not* sequential? What is *lackness* but absence-of, and what is this but negation, and what is negation but *nothing?* Now *nothing* is without relation, and shall we attempt to *relate* a drug to the *unrelationable?* The basis of disease is positive and material, and is relatable

only to the positive and material. Shall you object that this rules out the psychologic? It does no such thing. This is because *all* is matter. There is no limit to material divisibility, and no degree of tenuity that is not-matter. Not-matter is unthinkable, because it ("it" is not *it*) is without relation, and *to think is to relate.* Necessarily then, we think and utter in terms of the material. This is subtle, but if you will bore down deeply enough, it will be as clear as daylight to you. This metaphysical phase (really *nothing* is "metaphysical") is somewhat exhaustively discussed in my "Immortality."

From the foregoing, it ought to be plain that there is not, and cannot be, any disease, the intrasystemic cause of which is either a general or a specific *lack.* Lack of hemoglobin, for instance, is *always* then a disease-effect. Then is it not plain to you, doctor, that any attempt to *directly* supply this lack is bald symptom-whackery? It must be clear to you too, that there can be no *idiopathic*

anemia, properly speaking. Anemia *always* results proximately from a derangement of the blood factory. It is that form of malnutrition in which the endangium fails to elect the iron element. That is the true definition of what the word "anemia" is made to stand for. The word is a misnomer, as generally used, for a very large majority of the cases we encounter, do not depend upon a loss of blood.

But the patient. She was the usual one—a girl of 15. The cause was, of course, defective metabolism. The cause of *this* was that *physical doubt* infallibly incident to her sex and her age. Back in that biologic arcanum where epochal facts are elaborated, a misadjustment had occurred. I don't know what it was—you don't know what it was. Some adversely related physical nuance, it may have been in the first instance. We can explore this cryptic realm, only with drugs. Out of uncounted millions of experiments, it has developed that certain drugs address themselves specifically

to this realm. Principal amongst these are macrotys, pulsatilla, viburnum, gossippium, etc. I prescribed as follows:

℞

Spec. Macrotys - - - ʒss
" Pulsatilla - - gttxv
Chloroform Water - - ℥iv
M. Sig—A teaspoonful 3 or 4 times a day.

She was to take this for a week. On the next week she was to discontinue this and take a permanganate preparation. This, which is a proprietary remedy, contains iron, but is good in *spite* of this fact. Iron, like potash, makes a good chemical back-stop, so to speak; and its easy associability with other drugs, makes it pharmacally handy. If I were a good pharmacist, I would not use this preparation but would make a similar one minus the iron. I have found through many tests that the manganese salts directly conduce to blood-making better than any drug I ever used. Iron, itself, does positively no good, and we all know it always does some harm. If *iron*

were a remedy in anemia (or anything else,) it would be given straight. Why don't the doctors use the pulverized metal, or the oxide of iron? Simply because they have been amply tested and found to be no good. Any good done by any iron preparation, is always directly attributable to the drugs associated with the iron. I shall not expand further on this point here, but I ask my brethren to carefully study clinical results, and see for themselves whether or not my contention in this matter is correct. Remember, that if it could be established that iron is remedial in a particular condition, this would not constitute even the fraction of an argument in favor of the tissue-feeding delusion.

On the third week my patient was put back on the first prescription, except that an equal amount of spec. gossippium was substituted for the spec. macrotys. On the fourth week, the first prescription again, and on the fifth week, the second prescription, and so on in the same order throughout. In connection with this

drug treatment, sea salt baths, massage and gentle outdoors exercise were ordered. In a little over two months the girl was practically well. This has been my line of treatment in all similar cases and it has been most satisfactory. In pernicious anemia do the best you can—your patient will die anyhow. If the patient recovers, it was not pernicious anemia; at least that seems to be the verdict of authority. My treatment for chlorosis has been about the same as that for anemia, except that I have always run in a gentle hepatic stimulant.

CASE FOURTH

Pneumonia. In the dominant school of medicine, this is regarded as an extremely dangerous disease. Osler, who is probably the most authoritative writer in the school, treats the subject in a very pessimistic spirit. He intimates that, so far from becoming less fatal under modern management, the disease is growing more fatal. A death rate of from 20 to 40 per cent. is accepted as inevitable. In the

liberal schools, so called, the death rate is fixed at 5 per cent. I have made a careful, comparative study of this question, with the resulting conviction that under rational treatment, the fatality of pneumonia should not exceed 5 to 10 per cent. I believe that—taking the disease as it comes—we should not have an *average* death rate of more than 7½ per cent. I believe the increased death rate under "regular" management, depends upon hypermedication—the patient is not *permitted* to recover. It is comparatively rare for an old school physician to give his pneumonia patient less than 8 or 10 diffierent drugs during his sickness. Pick up any old school journal and read the reports of cases of this disease and you will see my statement verified. They not only give too many powerful drugs, but give them too heroically. The usual course of old school treatment for pneumonia would put a healthy person to bed. If this is true, and it is true that *what will make a well man sick will make a sick man sicker*, is it not plain that the ill success

of our old school brethren in this disease is the result of hypermedication?

It has happened that my experience with this disease has been peculiarly fortunate all through. This fact is so emphatic that it has half convinced me that there are fortuitous combinations of conditions which we *have* to call *luck*. But making the most generous allowance for that doubtful fact, it seems to me that my method should count for *something*, in view of the fact that I have never lost but *one* case of pneumonia. This seems incredible, and I understand most thoroughly how certainly the statement will expose me to the charge of mendacious boasting. But the statement is *true* and I can't help it.

My treatment for pneumonia comes dangerously near to being dangerously routine. By the way, are not all stand-by treatments nearly that? Is not the treatment for periodic malaria tolerably routine? Is not the same true of the treatment of syphilis? And there are others. But here is my pneumonia

treatment: To a glass ⅔ full of water, I add 6 to 8 drops of spec. veratrum, and 4 to 6 drops of spec. bryonia. The patient is to take a teaspoonful of this every hour while awake. His sleep is never to be disturbed. I believe this combination to be specific to the primary lesion of pneumonia. I believe this lesion to be *one*, bearing the same relation to the pathologic tree, as the tap-root of any tree does to the rest of the tree. I almost never waste any time in trying to lop off any of the branches of this tree. Why should I attempt to do a thing I, and everybody else, know *can not* be done? To make such attempts, is to diminish the patient's chance of recovery by wasting his time and vitality. The disease-potentiality inheres in its tap-root, and the suggestion of the very commonest sense is to abolish that tap-root. Therefore I have always hewed to the causal line from start to finish, allowing almost nothing to divert me from my specific purpose. If a belladonna symptom comes up, unless it is so madly pro-

nounced as to amount to a *usurpation* of the entire pathologic situation, I let it go. The same is true of my method with reference to any other seeming drug-call. There are a great many twigs which, in *appearance*, are common to about all pathologic trees, as there are twigs which in *appearance* are common in various forest trees. But these twigs are *not* identical unless the tap-roots are, and we know they are not. A beech tree will not throw out a maple twig, and a pneumonia tree will not throw out a scarlatina twig. The typhoid "condition," common to many diseases, is simply an expression of vital exhaustion, common to all diseases. It carries with it no peculiarity which is specific with reference to a particular disease. The surface identifying symptoms certainly do this, but as yet, we are not capable of differentiating their peculiarities. Otherwise disease is not self-consistent. I believe then, that scarcely anything should deflect us from the primary purpose of ablating the primary lesion. If veratrum and bryonia *are*

specific to this lesion, and no other known drug is thus specific, what excuse is there for the employment of other drugs? There is one thing certain, and that is that whether my drug treatment for pneumonia does my patients any good or not, it does them no harm, either positive or negative. The quantity is too small to do any positive harm, and since there is no other even putative specific for the disease, it does them no negative harm. This is a great thing to know, for it enables you to look both your patient, and your own conscience squarely in the face all through the term of illness. It will have been (correctly) inferred that I scarcely ever give my pneumonia patient any other medicine than the veratrum and bryonia. In relation to modern eclecticism, and homeopathy, and measurably to "allopathy," this is heterodox, for it does not conform to the dictum—"Meet conditions as they rise." Now, in fact, does anybody do this in those diseases for which they have a *stand-by* treatment? In scores of atypical cases

and anomalous conditions, I try to meet conditions as they rise, and I assure you I have plenty of that kind of experience.

In conjunction with this drug treatment, I rigidly enforce hygienic observances. It represents fully one-fourth of our aggressive equipment, you will remember. A temperature that is agreeable to the patient; ample ventilation without direct drafts; a suitable and sufficiently scant liquid diet; quietude and social serenity; these are the required conditions. There must be no company, and no noise of any kind, not even the rustle of a newspaper, and the patient is to be talked to as little as possible. Over the chest is laid a greased rag on which has been sprinkled enough of the compound powder of lobelia and capsicum to cover the surface. This does a little counter irritating, besides acting medicinally through absorption, and it is free from the monstrous objection of *weight*. Right here I must run in my protest against the use of sloppy and weighty applications to the thorax. The mush

jacket will serve as a type of these devilish abominations. It will never weigh less than a pound, generally twice that. The patient breathes 20 to 30 times a minute. Estimating as conservatively as possible, it will force the respiratory muscles to lift 20 pounds per minute; i. e., 1200 pounds per hour; i. e., nearly 15 *tons* in every 24 hours! Remembering that every lift subtracts that much from the vital reserve, and remembering that the patient's recovery must depend *solely* upon the quantity of vitality he possesses, and remembering that a large majority of physicians put this drain upon their pneumonia patients in *addition* to the life-sapping effects of hypermedication, is it astonishing that the mortality of this disease should be so great? Of course the same objections that apply to the mush jacket, apply to flax seed, and other poultices, and to that invention of the devil, the ice pack. To make the use of these abominations justifiable, see what an enormous therapeutic value they would have to possess. Can any

doctor living give one philosophic or common-sense or practical reason *why* these wet wads should do any therapeutic good? It is not conceivable from any rational standpoint that they can possibly do *anything* but harm.

Here, too, I must protest against the use of drug antipyretics. They are given under the assumption that the elevated temperature does more harm than the antipyretic does. It is held that this high temperature causes a parenchymatous degeneration of the muscles and other tissues. How they discovered that it is the high temperature and *not* its cause, that brings on this degeneration, is a mordant puzzle. And how they know that this degeneration is worse for the patient than is the devitalization attending the use of antipyretics, is another tough puzzle. We do *not* know that under the conditions the high temperature does harm; we *do* know that antipyretics do harm, great harm. In view of these facts are we *morally* justified in the use of antipyretics? In view of the fact that

antipyretics have never been *known* to do good, are we *therapeutically* justified in their use? In view of the facts that it has never been *proved* that drug antipyretics do any good, and it is known by all intelligent doctors that (because they are all of them cardiac depressants) they do great harm, is not the use of them criminal? Here is the truth about the use of antipyretics in a nutshell: To the extent that they reduce the temperature, *they reduce the patient.* I abandoned the use of drug antipyretics 15 years ago, and very great has been my reward, both clinically and in the satisfaction of having a clear conscience. In this case which I am so tediously reporting, when ever the temperature got uncomfortably high, I had the patient sponged off with a tepid solution of soda bicarb. Enough of the soda is put into the water to make it slightly slippery. I use this in all my fever cases. It is grateful and soothing, and instead of being vitally wasteful, it is vitally conservative.

The engorgement of the lungs puts ex-

tra labor on the heart in pneumonia. It has a hard tug of it, but is this a *disease?* We know it is not—it is a disease-effect. Shall we whip this over-worked heart, remembering that to do this is to neglect that organ (the lungs), which to neglect, is to increase the heart trouble? Can *any* heart treatment better that organ's condition so long as the *cause* of its condition persists? We do certainly know it can not. What shameful folly, then, it is to crowd strychnia, degitalis, etc., into our pneumonia patients.

When the patient's vital possibility is nearly exhausted and the case begins to look doubtful, shall we resort to stimulants? I know how perfectly natural it is for us to do this, but is it for any other reason than that this has always been the custom? The origin of the use of stimulants in low conditions must have depended upon the fact that they exhilarate for a time, giving the treacherous appearance of immediate improvement. Can the most brilliant theoretic therapeutist give one legitimate reason *why* a

stimulant should *ever* be used either by a sick or well person? If a stimulant had the power of deflecting a morbid trend, or if it *imported* any vitality into the system, then its employment would be justified. But it does neither of these—it does *nothing* commendable. It is nothing but a *whip*, and the whip idea holds no defensible, much less, righteous significance. I have said in another place that we have to whip a disease out of the system. That merely has reference to the opposition of forces involved in shock, and does not affect the sinisterism that inheres in the whip idea. We—those of us who are mean enough—whip a tired horse. Does it do the horse any good, and doesn't it do us harm?

We hear of tiding one over a crisis by the use of a stimulant. This is, of course, a *pure* assumption. What *evidence* is there that stimulants may tide a very sick patient over a crisis? Simply *none*. What a weakening travesty it is—two or three doctors around a patient *in extremis*, shooting into him brandy, nitro-glycerine,

etc., when they know these drugs carry no vitality *into* the system, and do know that they subtract vitality *from* the system, and above all, do know that the life of their patient must depend upon a sufficiency of this same vitality. For the good Lord's sake, doctor, or rather for your patient's sake, the next time you want to tide a patient over a crisis, give him frequent sups of *hot* milk. If anything on earth will *add* to his waning vitality this will. If he die in spite of this, you will have a clean conscience at least.

Of course *every* reader will vote my position on the use of stimulants, fanatically extreme. Although I might give a score of reasons why stimulants do harm, and the reader cannot give one reason why they *should* do good to a sick person, his mind will not be changed. The force of an early impression, with its consequent habit of thought along a particular line, is something astonishing. I never see the new moon first over my left shoulder without a *start*,—and I am over 70

years old! It almost amounts to a self-contradiction to refrain from the use of stimulants in collapsed conditions, but this impulsion is emotional, not intellectual. It is the result of feeling and habit, not rational analysis. If it could only be remembered that a stimulant does not convey *into* the system either warmth or vitality, and that it does abstract these *from* the system; and if it could be further remembered that hot milk does carry both warmth and vitality *into* the organism, would it make any difference? Almost unexceptionally, *no* —fixed conservatism is more than a match for common sense.

It would not be treating stimulants fairly, not to admit that there are three situations justifying their use. First, as a counter-irritant; second, if you are going out into a cold storm; third, if you are going to be exposed to a contagious disease. In the two latter cases stimulants do good by putting the system into an eliminative condition. A hot cup of coffee would do just as well; indeed, bet-

ter, but it is not always readily accessible. You see, I gladly give the devil his due. The only hope for a patient at the point of death lies in an *increase* of vitality, not in *diminishing* the remnant of it which provident Nature is cautiously paying out. The stimulant draws on the vital sum on its *own* account, thus lessening the amount to be rallyingly applied. Nature judiciously applies the vitality in her reparative effort, up to the last spark, which goes out coincidently with the last breath. Not a *diversion* of this vitality from center to circumference will save the patient—only an *increase* of it will do that. If anything will increase the vitality, you do certainly realize that the hot milk will do it. The stimulating idea is fundamentally and essentially fallacious, and it has been responsible for an inestimable amount of harm.

In the treatment of pneumonia, as in the treatment of all other diseases, my leading purpose, from first to last, is to conserve the patient's vital capacity. I *know* this is right, and so do you, doctor.

Having said so much about the importance of husbanding the patient's vitality, a brief discussion of this vitality question will not be out of place. Proximately considered, vitality is an energy, generated out of the co-ordination of organic functions. The impairment of a single function then, subtracts some (at the time) from the organism's vital capital. From this, it is seen that the quantity of vitality in stock, so to speak, varies with changing vicissitudes. Besides that it varies in different persons. Fixing the maximum vital possibility at 100, as represented by the heavy-weight athlete, it will be seen that only a few enjoy its possession. But as the healthy heavy-weight athlete's vital sum is to him, so the healthy ninety-pound man's vital sum is to him, and the smaller man's life-promise is as great as is that of the larger man. Therefore each person's vital maximum, if it is but 25, is as vaulable as the large man's 100. That is why B, with a vital maximum of 25, is as hard to kill by disease, as is A with his vital maximum of 100. One is

below par to the extent that his vital sum varies from his vital maximum. The vital maximum of those born with a disease taint, or weak constitution, is a fictitious one, and does not bear a normal relation to his life-promise. This fact is always taken account of by the prudent and far-sighted physician. Each healthy person accumulates a reserve stock of vitality which he measurably expends in his daily vocation. Beyond this, however, provident Nature endows him with an emergency fund against accident and sickness. That is, Nature endows him with a *capacity* to accumulate this fund. When one gets sick, his system draws on this reserve till it is exhausted (provided his sickness is not mild or of short duration) when it begins to consume his current supply, which now grows rapidly less. Thus one's sum of vitality may be reduced to one-fifthieth of his vital maximum, so that he will be 50 times as easily killed as he would be in perfect health. Remembering that the *wrong* drug makes unqualifiedly for death, and

that *too much* of even the *right* drug does this, and remembering that the probability of your selecting the right drug is, in many cases, as 1 is to 100, is not the momentous importance of cautious medication made manifest? This enables us to realize what a magnificent and overtopping virtue small dosage is. I am thoroughly convinced that, so far as the *drug* feature goes, the usual physician harms 100 of his patients for every one that he helps, and yet I am a firm believer in drugs and doctors.

When the disease has exhausted its series of morbid phenomena, then (if the patient has lived to this point) the functions of the organism will have fallen into normal line, and the manufacturing of vitality, which had been nearly suspended, will take on a fresh impulse, and the patient will proceed with more or less rapidity to recovery. The justification of cautious medication depends wholly upon the fact that *what will make a well man sick, will make a sick man sicker*.

FIFTH CASE

Malaria. It is scarcely truer that we have the poor with us always, than it is that we always have malaria with us. Skeeters or no skeeters, malaria is always more or less in evidence. It is a comprehensive and polyglot disease. Even within its special preserves, it is very diverse in its expressions. There are a dozen varieties of the periodic phase of it, and as many more of the non-periodic aspect. Yellow fever is malaria gone mad. Mountain fever is a sort of high-altitude malaria. I have felt that La Grippe has a malarial back-ground. I know of no disease more manifold in its manifestations than malaria. It is, therefore, worth serious consideration.

James White came to me with the complaint that he was "no good." Felt achey, languid, sleepy and "sort o' all-round knocked out." In this section, this is a very common form of malaria. Of course I gave him the G-B—which does *not* mean the "Grand Bounce." Some of my medical confreres, with

whom it has become a stand-by, thus abreviated it. What is meant is, Gelsemium and Bryonia. This is my remedy in all non-periodic, and some periodic, forms of malaria. It is the remedy for children or delicate women in all forms of the disease. It bears the relation to malaria that the ocratrum and bryonia combination does to pneumonia. Deprived of it, I should be helplessly at sea with reference to malaria. With it, I approach all these cases confidently.

To an average glass, filled nearly full of water, I add 20 drops of specific gelsemium, and 5 drops of specific bryonia. Of this, the adult patient is to take a teaspoonful every hour. The medicine is to be kept covered, and in a cool place. This fact applies, of course, to all these watery prescriptions. My patient was all right in two days, of course. If I had given him quinine, there would have been not one chance in ten of it doing him any good, and there would have been ten chances to one of it doing him plenty of harm. In periodic malaria,

quinine is *the* remedy. It should *never* be given when there is fever. It should never be given to children, nor to feeble adults. It is astonishing how little quinine we need in our practice when the G-B is at our command. I do not use half an ounce of it in a year. Yet there are cases which only quinine, or quinine and the G-B together, will cure. These are persistent intermittents, in naturally robust people. Preceded with a good physic, with calomel or podophyllin, 30 grains of quinine given within 48 hours, ought to break up almost any case of intermittent fever. But in this part of the country, such cases have become comparatively rare. The G-B will suffice in nine-tenths of all the malarial cases we are called upon to treat. In malarial fever, the G-B is the remedy *par excellence*. It frequently converts the fever into an intermittent, when a little quinine comes in all right. This G-B has served me better in La Grippe too, than anything else I have ever tried. I give it the same as for malaria, always instructing the patient

also to take frequent sips of hot water to which has been added a pinch of salt. After trying various "grip remedies," I was forced to come back to this method. It will cure two-thirds of your cases within 48 hours; frequently within 12 or 15 hours. Quinine is strongly contra-indicated in influenza. It not only fails to cure, but actually fixes the disease in the system, and prolongs it indefinitely. In grip fight shy of quinine.

Note that this treatment is simple, direct and conservative. It is not in any sense *risky*—it is *safe* both positively and negatively. It is clearly and cleanly within the precincts of the three fundamental axioms, and it gives results—the kind you want.

MISCELLANEOUS

Typhoid Fever. In this disease, as in all others, a knowledge and observance of the don'ts is of vastly more importance than is that of the do's. The principal thing to *do*, is to do *not* certain things. Do *not* physic a typhoid patient—it

will only further irritate Peyer's patches. Move the bowels by means of injections, if they must be moved. A proper flushing of the colon with a solution of muriate of hydrastia, occasionally, is *the* thing. Five grains of the hydras. mur. to one quart of soft water is about right. This is the greatest depurant and antiseptic there is.

Don't give your typhoid patient antipyretics, nor stimulants, nor analgesics, nor diaphoretics, nor "heart tonics," nor concentrated food. Reduce temperature with spongings of tepid soda water. Don't employ full baths, and especially avoid cold baths. Don't try to whip up the appetite, and don't press foods on the sick one. There may be calls for some of the 'polychrests' specially including baptisia, echinacea, etc. Nature must be given full swing, and therefore the main thing in this disease is good nursing.

Colds. A cold in its incipiency, can, in nine out of ten cases, be aborted. This is an important thing to know, when we remember how many different forms of

sickness originate in a "bad cold." The *very best* cold abortant is aconite and belladonna in minute and frequent doses. Thus, to a glass nearly full of water, add 4 or 5 drops each of specific aconite and specific belladonna. The patient is to take a teaspoonful of this every 15 minutes till 3 or 4 doses shall have been taken, then every half hour till 3 or 4 doses shall have been taken, and from that on, every hour. In connection with this, frequent inhalations of menthol is a good thing, as also, frequent sups of hot water. Exactly the same method, except that you substitute the G-B for the aconite and belladonna, is the abortive and continuous treatment of la grippe. A hot foot bath, with a hot vinegar stew, or hot lemonade, etc., often does evident good. In that stretchy and achey form of cold contracted from exposure to dampness, or particularly from remaining too long in a fireless room, the alcoholic vapor bath, or hot sitz bath, is very efficient. Of course the employment of this does not preclude the use of the other measures named.

Sometimes a big dose of quinine will more or less abort a cold, but because of its harshness and ill effects, I never use it.

I shall report no more cases, but it may not be amiss for me to give here a few of my pet prescriptions. They are not single-drug remedies, but they are trustworthy, and no single drug can be more than that. These stand-bys of mine are, most of them, old and tried friends of many eclectic physicians, but they will be new to nearly any old school brother who may happen to read this little book.

As to Tonsilitis. Would about all cases recover without treatment? I think they would. Does the *right* treatment hasten the cure? I am thoroughly convinced that it does. Is there a known right treatment? I do surely think there is. I think this because I have instituted tests and comparisons in this disease, with results that were incontestably in favor of a particular treatment. Here is that particular treatment: To a glass ⅔ full of water, add 4 or 5 drops of spe-

cific aconite, and the same quantity of specific belladonna. If the more external glands are involved, add also 5 or 6 drops of specific phytolacca. The patient is to take a teaspoonful of this every hour. If putrid conditions develop, give specific baptisia or echinacea in alternation with the remedy named. Of the baptisia, give one-fifth to one-third of a drop, and of the echinacea, from 5 to 15 drops. A gargle is of doubtful utility. If it could be kept in contact with the inflamed surface all the time, it *might* be of some service. This, of course, cannot be. I do not think that external applications do much, if any, good in tonsilitis. Tonsilar ulcers will get well much more quickly if cauterized, though they will get well in a few days without it. Cauterize with nitric acid, using the pine stick porte caustique. This is safe, because there is no salt to break off and drop down the throat.

Rheumatism. There is no specific for any form of this disease. The most usually indicated drugs are macroty, bryonia,

phytolacca, and salicyllate of soda. Inflammatory rheumatism is one of the most trying maladies we have to deal with. In this cruel disease, the forces of humanity and pity drive us to the use of anodynes, *nolens volens*. Whatever else we do, we *have* to assuage the victim's sufferings. His need of relief is so atrociously urgent that we could not adhere to a strictly causal treatment, even if we possessed such a treatment. What I have said gives me an excuse for exploiting my pet anodyne. Nothing less than an opiate will do in in inflammatory rheumatism, or any other extremely painful condition. But the disagreeable after-effects of any form of opium constitute a great objection to its use. To a great extent my anodyne, although it contains both opium and morphine, overcomes this objection. Why it should do so, I do not know. This ideal anodyne consists of a combination of morphine and our (the eclectic) diaphoretic powder. The maximum dose for an adult (not addicted to opium or morphine) is, mor-

phine gr. ¼; diaphoretic powder, gr. 5 to 8. The obtunding effect lasts about 12 hours. In only a small proportion of cases will this be followed with headache or nausea. I have not used my hypodermic syringe for 12 years. It is proper for me to say here that I believe in euthanasia, and that in doubtlessly doomed cases, I push pain-easers to the limit.

Pleurisy. In this disease I usually depend upon bryonia, or bryonia and arnica combined. But if I am called to a severely acute case, which is so urgent as to demand immediate relief, I strip the patient, have him seated with his feet in a bucket of hot water, and with a blanket thrown around him. Then, in connection with hot teas, I give him, every few minutes, a teaspoonful of the old sudorific tincture. Soon the patient will be in a profuse perspiration, and coincidently with this, his pleuritis will disappear. This treatment is heroic and old fashioned, but it is thoroughly trustworthy.

Tetanus. Unless proper precautions are taken, a punctured or lacerated wound

holds a very dangerous possibility—the possibility of tetanus. It is my conviction that tetanus can always be prevented if the following method be adhered to: First, thoroughly clean the wound, using simply warm water. Then treat it freely with spts. of turpentine. The turpentine neutralizes the toxin upon which tetanus depends. I suppose that within the last 40 years, I have treated a hundred of such wounds, and not a sign of lockjaw ever followed. This was also the experience of Dr. A. E. West, who had been in the practice 50 years, and who acquainted me with the treatment. I have treated 8 or 10 cases of strongly threatened tetanus following wounds (stiffened masseter muscles, nervous twitching, etc.) as follows: I freshened the wound and saturated it with turpentine. Reapplied the turpentine two or three times within the first 24 hours, then much less frequently. This is the same as the preventive treatment in fresh wounds. Several times within 24 hours, I had the spine rubbed several minutes

with strong, *hot* mustard water. Internally I gave a combination of macrotys and gelsemium. A dram of specific macrotys and 20 drops of specific gelsemium are added to 6 oz. of water. A teaspoonful of this every three hours is the dose for an adult. This treatment has always been sufficient; at least these patients have always recovered. I never treated but two cases of outright traumatic tetanus. Both of these cases were typical ones, characterized by locked jaws, tetanic convulsious, opisthotonous, etc. I employed exactly the same treatment I have named, and *both patients recovered.* This is very extraordinary. Whether the treatment cured them, or whether they got well just anyhow, I don't pretent to *know*, but I do know that if I am ever called on to treat another case of tetanus, I shall employ this same course of treatment.

THERAPEUTIC CERTITUDES

Is it not remarkable that after all the chiliads of medical travail, we can count the therapeutic certitudes on the fingers

of one hand? It is at once a fine commentary on the complex difficulty of drug empiricism, and on the tireless persistence of the acquiring instinct in man. Here are the certitudes: Iodide of potassium in secondary or tertiary syphilis; quinine in periodic malaria; the anæsthetics, chloroform and ether; phytolacca in mammary inflammation, and sulphate of magnesia with bismuth for sporadic dysentery.

Compound stillengia liniment comes very nearly to being a certitude in common croup. It is generally only necessary to rub a little of it on the upper lip more or less frequently so that the child can inhale its fumes. I also direct the nurse to rub a little over the larynx. In very urgent cases, doses of one to three drops (according to age) can be given internally. Give it on a little sugar. I use it also in membranous croup, at the same time giving the child aconite and jaborandi internally. This comp. still. liniment will rarely disappoint in croup or any tight and stuffy conditions.

There are, perhaps, twenty semi-certitudes. These are included in the modern eclectic "specifics," in some of the homoepathic 'polychrests,' in two or three physio-medical drugs, and in a number of old-school preparations. It is the mighty mission of Medicine to increase the number of certitudes till disease shall lose its terrors, and millennial sunlight shall warm and gladden the ways of man.

This finishes my little book. It is only just to various honest and capable manufacturing pharmacists to say here that it has not been my intention to treat them invidiously. I have mentioned Lloyd's specialties because I *know* them to be absolutely trustworthy. I am convinced that the preparations of at least a dozen other pharmacal manufacturers are perfectly honest and very reliable drugs. In the interest of therapeutic precision and definiteness, I can conscientiously advise those who do not get satisfaction out of the galenicals, to use the alkaloids. *They are all right.* This is in almost no sense a work on practice. It is mainly

intended to be an exposition of Medical errors and abuses—an epitome of don'ts, with the incidental inclusion of a few do's. Such as it is, it is respectfully handed over to my brother doctors.

APPENDIX

"Cooperisms"—Aphorisms—Epigrams

Dreams are broken shadows of the mind.

Death pi's us and Nature redistributes us.

The cyclone is a clonic meteorlogical spasm.

Color-blindness is a prime element of genuine philanthropy.

Grip always jumps spraddled.

In testing antitoxin don't confuse diphtheria with diphtheory.

There is hope for the physician who will admit he commits malpractice every day of his life.

Life is fiction and friction.

Life is an evolutionary sentence. Days are its commas; weeks, its semicolons; months, its colons; years, its exclamation points and death is at once its period and interrogation point.

"It never rains but it pours" is *sometimes* true: It never pours but it rains, is *always* true. —Let—

The sweetest palindrome: No evil live on.

Phthisis wears gum shoes.

The true doctor shoots with a rifle—seldom with a shot-gun.

If you don't capture the head of a tapeworm, your labor is lost. The same is true of all disease.

I would rather be spanked by a giant than coddled by a pigmy.

At least she illustrates a moral phase—the ballet girl who conscientiously kicks bits of lubric satisfaction into bald-headed concupiscence.

An acorn is bigger than a toe-corn, but it doesn't hurt so bad.

Does prenatal determination amount to much if the prospective mother is a New Woman?

The caliber of a bore does not always depend on the size of a hole.

A woman's stomach reaches from the top of her sternum down to her os pubis.

A persimmon is your true antiexpansionist.

The sublime : The ridiculous :: Genius : Mediocrity.

The homeopaths are the only people who get even with the cimex lectualaris.

Whatever difference there is between a bum and a bomb is in favor of the latter.

Pity the mortal who can laugh but cannot smile.

I'd rather train a miss
In the proper way to kiss,
Than barely miss a train
After hurrying through the rain.

A grain of wisdom is better than an ounce of gold, but it won't pay your rent.

The essence of the *alas-ness* of disappointed love, is *sweet-bitterness.*

Do not confound bottomness with topness in your moments of introspection.

Warts and corns are blood relations, but they don't associate.

Yum and *mum* rhyme nearly as well in significance as they do in sound.

The difference between trophic cancer and tropic cancer may be several million miles.

The axis-cylinder of "Ah there," is vaudeville lubricity.

The legitimate healer is seldom "well heeled."

Beef tea is merely urine with a feather in its cap.

A stich in time may keep it from ripping farther, but you will grow old all the same.

The word "clap-trap" does not mean the same to all men.

Enough hate will precipitate its natural solvent, love.

It is sad, but it is a fact that the butt end of a goat has never been differentiated.

It does not make much difference to a tramp which side of his bread is buttered.

"A soft answer turneth away wrath." It is equally true that wrath turneth away a soft answer.

If it is true that the best guesser is the best doctor, it is because the best doctor is the best guesser.

There is not much choice between a pain an inch long and an ache a foot long.

What is the difference between the flame of a fire and the fire of a flame?

The difference between a collar button at large, and "damn it!" is very small.

To cry is to laugh backward.

You can't tell what some people consist of the most—conceit, deceit, or just seat.

The more sense a man hasn't the more he doesn't want.

It is true that one extreme follows another, but is exactly as true that one extreme leads another.

The astuteness of an ass is equal to the square root of the square of his assness.

"Jimmy," the name of a burglar's tool, is not a nick-name.

The boy lives in earnest for *fun*.

The heavy doser's motto: You can't drive a spike with a tack-hammer.

The very things we like the best
Are just the things we can't digest.

Better be rudely healthy than "pale and interesting."

Tooth-ache is only another phase of the thrill of a love kiss.

According to authority, if you cure a case of cancer it wasn't cancer.

Every man being his own criterion, it is always the other doctor who hypermedicates.

Mental phymosis cannot be cured by circumcision.

Podophyllin won't reach a constipated pocket-book.

If you subtract the ass from a smart Aleck, what have you left?

Diagnosis is the trigger of prognosis.

The pocket-book is the clitoris of acquisitiveness.

The butt end of a disease is not always in the butt end of the patient.

Biontic evolution is condensed phyletic evolution, and don't you forget it.

To antiphlogisticate is to fight Nature.

To stimulate is to borrow from a bankrupt future.

The anodyne cheats the patient and blindfolds the doctor.

Direct tissue-food is direct myth-food.

Every stomach is its own best purveyor.

Heredity is the bole of being.

That the longest pole always knocks the persimmon.
Is just as true as that Time takes his toll;
But give us a saw, or a song, or a hymn on
The readiest means of procuring the pole.

The degree to which a drug antipyretic reduces the temperature, is exactly the degree to which it *reduces the patient.*

Beauty is the nap of health.

Rational empiricism is the condition precedent to rational clinicism.

The physician's clinical success is inversely as the square of his faith in heroic medication.

We have now (1905) a president that *does things.* No one would be much surprised if he should at any time lift the lid of hell and jerk the devil out by the horns.

The motif of a collar button is sequestered hell-bentness.

Most booms finally take on an erang.

The critic is he who can't do it himself but can tell you how to do it.

The appendix is the surgical center of gravity.

The truest egoist is the truest altruist.

Gelsemium is Bryonia's right bower.

Belladonna is aconite's left bower.

Specific medication is specific sanity.

Although we must all die, life is the rule, and death the exception—with the individual.

There is no direct *drug* tonic.

He who serves others best, serves himself best.

Veratrum and Bryonia—Pneumonia "knock-out drops."

Podophyllin is ambidextrous.

Digitallis is a sneak and assassin.

The coal-tar series is a funeral procession.

Medical iron is a superstition.

A liniment is just a liniment.

A poultice "draws" on the imagination of the credulous.

Strychnia is purely a stimulant.

Don't whip the struggling heart in

pneumonia—whip the *cause* of its struggles.

"Fever powders" are death messengers.

To be a "cheap John" doctor is to be a damphule.

The microbe of laziness is very industrious.

Medicate cautiously; don't throw a boulder at a gnat.

Don't be too proud of your he-ness; any woman can beat you driving a hen.

"It is meet that we should eat," but don't get carnivorous on that account.

Although a cow would udderly refuse to "give down" her milk to the calf of your leg, you should be kind to kine.

It is a shameful fact that a louse is not too proud to inhabit a tramp.

The mean between calomel and tartar emetic is mean enough.

"As she slips, she slides." What, then, is the use of anything?

Even the reflections of the tape-worm are gutteral.

Oleum tig makes its own way.

When the professional abortionist dies

he will have to climb *up* to get into hell.

Surgical gynecology will stand much neglect.

Nature's cruelty is nature's necessity.

When you get old deny your wrinkles: Call them stretched dimples.

Eliminate all the "ifs" you can—remember what an *if* did for the proverbial dog.

The hardest thing to do is not to do the thing you most want to do.

The quack who knows himself to be a quack, is a beast of prey.

The spirit of beauty is love.

If there is a God and God is good, all is right.

A smile is a gleam from the divine of man.

What is more touching than the appeal in a wounded animal's eyes?

The trust of innocence is a direct message from God.

The man who maltreats a woman or a child throws a halo about the ghost of the whipping-post.

The free adviser is always on tap.

Almost there are none but women left to save to us immortal certainty. Whither; alas! whither?

The habitual dog poisoner is a sneak, and an assassin.

The average boy would rather "play fer keeps" than go to heaven. The one is present and attainable; the other, distant and doubtful.

What is a *pious boy* like, anyhow?

Many a preacher's "pshaw!" holds as much sulphur as the sailor's honest "damn!"

Hysteria is an E-pluribus-in-unum disease.

A hornet is not as big as you are, but he'll beat you in an argument.

Preserve us from the "New Thought" writer who makes a specialty of optimism.

The skeeter is bigger than an elephant in reference to malaria and yellow fever.

A wasp is in the best humor when it is the maddest.

Scarlet fever is of the same color as any other fever.

A jealous Tom cat can, in one second, generate a thousand volts of anger to the square inch.

Where would you locate the primal lesion in "idiopathic fever?"

If we came from nothing and will go to nothing, then you shall not have lived, for 0 + 0—0.

People think they "rush the growler;" the fact is the "growler" rushes them.

Headache powders are harmless, *if you don't swallow them.*

Medical sectarianism is at once wrong and right: more right than wrong, though, for the friction it begets explains medical progress.

The busy gonococcus is no respecter of persons, whence many (exclusive) social surprises.

Every person is as good, and bad, as he or she can be at any moment.

The man who injures you is sure to think hard of you for it.

The ant-mire and the busy bee
Set copies good for you and me.

It is the insidious evil that is hard to

cure; we do not have to coax a man to let go of red hot iron.

Coal-tar products—heart-failure—death —murder.

The "thunder of the Vatican" is becoming more distant as the world moves on.

The dawn of sex-consciousness—what a moral miracle?

A dead king isn't worth half as much as a live tumble-bug.

Have you ever realized what a blessing it is that elephants are elephants, and not locusts?

A dream within a dream is a dream without a dream.

Myelin, myosinogen, lecithin and fibrinogen are close *blood* relations.

"Bleed down to the brandy point, then brandy up the bleeding point"—the bloody, barbarous philosophy of a murderous medical past.

Most booms take on an erang at last.

Is not serum therapy theory therapy?

Stuck-hog ethics is good enough for the professional sport.